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ABSTRACT

It is estimated that between 33% and 40% of all United States children will live with a stepfamily. Due to the complexity, ambiguous roles, negative perceptions, and unrealistic expectations of many stepfamilies, members of such families are increasingly being seen by mental health professionals. This monograph is aimed at professionals to help them understand stepfamilies by providing practical and applied information. Some of the areas covered here include the developmental stages of the stepfamily, types of stepfamilies, specific assessment techniques for stepfamilies, and treatment considerations. Part 1 provides the groundwork for recognizing some of the characteristics of stepfamilies, including clinical issues, pitfalls, and systemic intervention. In Part 2, children and adolescents are examined, along with the risks encountered by children in a stepfamily. Part 3 outlines the beliefs and expectations of stepfamilies, taking care to analyze stereotypes of stepfamilies, new assessment techniques designed to assess maladaptive cognitions of stepfamily members, and the role of self-fulfilling prophecies in stepfamily success or failure. Each chapter offers a complete discussion of the nature of stepfamilies, along with practical suggestions for assessment and treatment of these families. Individual chapters contain references. (RJM)

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THE FAMILY PSYCHOLOGY AND COUNSELING SER

ED 402 532

Understanding Stepfamilies: Implications for Assessment and Treatment

editor
Debra K. Huntley

■ ■ ■ ■

series editor
Jon Carlson

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UNDERSTANDING STEPFAMILIES: IMPLICATIONS FOR ASSESSMENT AND TREATMENT

Edited by Debra K. Huntley

AMERICAN COUNSELING ASSOCIATION

THE FAMILY PSYCHOLOGY AND COUNSELING SERIES
Jon Carlson, Editor

3

Understanding Stepfamilies: Implications for Assessment and Treatment

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From the Series Editor

> I look at confusing circumstances as an opportunity—but not everybody feels that way. That's not the standard neurotic response. We've got a culture that's based on the ability of people to control everything. Once you start to embrace confusion as a way of life…
>
> —John Barlow, lyricist for the Grateful Dead

So it is with stepfamilies. We try to treat them as if they are an extension of "normal" families in order to give us control and comfort, but not results. Counselors and therapists must stop pretending that there is only one "right" family (i.e., the traditional nuclear family). This belief (if ever true) is not the case. This monograph helps to reinforce this reality.

This is a gem of a book. Huntley has collected work from the leading thinkers in this specialty area of family. The chapters are comprehensive and highly readable. I was especially pleased with the advanced thinking presented in the area of assessment. Clear assessment is at the root of clear understanding and treatment effectiveness. In her book *Failures in Family Therapy,* Sandra Coleman (1985) noted that 83% of treatment failures could be primarily attributed to inadequate assessment.

Stepfamilies do not represent a mutation from normal life, but rather life itself. Changed family forms represent growth and change, not pathology. Only to the degree that counselors and therapists can leave their zone of comfort and develop alternative understandings and treatment protocols can we truly call ourselves both *helping* and *professional*. Challenges of new family forms are no more difficult for our time than navigating the globe, light bulbs, and electricity were in earlier times. Huntley and her fellow explorers deserve our attention.

—Jon Carlson, PsyD, EdD
Series Editor

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Preface

Statistics estimate that between 33% and 40% of all U.S. children will live in a stepfamily situation (Glick, 1988, 1989). Due to their complexity, ambiguous roles, negative perceptions, and unrealistic expectations, stepfamilies are increasingly being seen by mental health professionals. Yet, as stated by the authors in this monograph, therapists continue to apply the nuclear family model to stepfamilies and make assumptions about how the stepfamily should function based on nuclear family norms and expectations. This is inappropriate as well as potentially damaging.

This monograph presents contributions from the foremost researchers in the field on stepfamilies. The goal of this book is to assist professionals in their understanding of stepfamilies by providing practical and applied information that is useful to professionals who work with this population. We will cover such areas as developmental stages of the stepfamily, types of stepfamilies, specific assessment techniques for stepfamilies, and treatment considerations. Throughout the book, the uniqueness of the stepfamily is highlighted.

Chapters 1 through 3 provide the groundwork for recognizing some of the unique characteristics of stepfamilies. Patricia Papernow (chapter 1) describes her model of the normal stages of stepfamily development, and also provides four patterns of stepfamily functioning. The Vishers (chapter 2) also provide information on the uniqueness of the stepfamily, and list some biases of therapists and how to avoid them. In the last chapter in Part I, Tiesel, Miller, and

Olson (chapter 3) apply a traditional family assessment tool to the unique situation of a stepfamily in treatment.

Part II looks at children and adolescents as a special consideration. James Bray (chapter 4) proposes that children in stepfamilies are at special risk, and he takes a closer look at parent–child and stepparent–child relationships. Doris Jacobson (chapter 5) presents research on how the child's adjustment in the stepfamily situation is related to the type of stepfamily arrangement and the level of emotionality and conflict expressed by the adults. Kay Pasley and David Dollahite (chapter 6) provide specific therapeutic recommendations for stepparenting adolescents, although many of these can be applied to other members of the family as well.

Part III examines the beliefs and expectations of stepfamilies more intensely. Marilyn Coleman and Lawrence Ganong (chapter 7) present beliefs and stereotypes of stepfamilies, and demonstrate how to assess beliefs using clinical examples. Mark Fine and Lawrence Kurdek (chapter 8) identify a variety of new assessment techniques that are designed to specifically assess maladaptive cognitions of stepfamily members. Glenn Clingempeel and Eulalee Brand (chapter 9) discuss how family-of-origin experiences affect adult relationships and stepfamily behavior. They present information on how to assess dysfunctional interpersonal schema. Finally, Elizabeth Einstein (chapter 10) discusses the role of self-fulfilling prophecies in stepfamily success or failure, and presents an upbeat view of making expectations come true.

Each chapter is a complete discussion of the nature of the stepfamily, along with practical suggestions for assessment and treatment of stepfamilies. It is hoped that the reader will gain useful information that will be applied to any situation involving stepfamily members. If so, the goal of this monograph will have been met.

—***Debra K. Huntley, PhD***
Editor

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Debra K. Huntley, PhD, is Professor of Psychology at Governors State University in University Park, Illinois. After obtaining her doctorate at the University of Houston, Houston, Texas, she has remained involved in research and teaching. Her research is focused primarily on developmental issues of children and families. She has written several articles and book chapters, in addition to presenting her research at regional and national conferences. This is her first book as an editor. Debra is also on the APA Division 12 Task Force to study women in academia, is on an editorial review board for *The Family Journal*, and is a licensed clinical psychologist. Debra and her husband are expecting their third child in February.

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PART I

THE UNIQUENESS OF THE STEPFAMILY AND TREATMENT IMPLICATIONS

1

What's Going On Here? Separating (and Weaving Together) Step and Clinical Issues in Remarried Families

Patricia L. Papernow, EdD

Jane and Ed Brown have been married for 4 years. It is a second marriage for both. Jane, a head nurse at the local hospital, has two high school children from her first marriage who live with the family full time. Ed, an assistant professor, has three adult children, ages 24–33, who visit occasionally. The couple comes into therapy in crisis after an unusual extended visit from Ed's children, which the couple agrees was "a disaster."

Jane begins, talking quickly. "He never has time for me. I have been trying to get him to go to the beach with me for months and he says he can't, he has to work. Then his kids show up and he spends an entire half a day walking the beach with them. Those kids don't even acknowledge my existence. They barely say hello to me, and he's off with them. Then they leave and do I get any time from him? No."

Ed sits silently, saying very little. When asked for his view of the situation, he talks about the demands of his writing and teaching. He mentions that he sees very little of his children. Jane states that even after 4 years Ed has a completely different relationship with his own children than he does with hers. "I don't know what's *wrong with him." Ed shifts uncomfortably. "See he won't talk," says Jane in frustration.*

What's going on here? Where do we start with a couple like the Browns? What are we trying to accomplish? The intensity and complexity of the issues that stepcouples bring to therapy can be daunting for even an experienced therapist. Accurate assessment requires attending to both step and clinical dynamics, as well as to the interaction between them. Intervention often involves separating as well as weaving together these threads of the family's experience.

We begin this book by examining three elements of *stepfamily* dynamics. We then turn to a more generic, *clinical* assessment to examine the ways in which preexisting interpersonal and intrapsychic dynamics can intensify stepfamily issues in some remarried families. In each section, we apply what we have learned to the Browns.

Assessing Stepfamily Dynamics: Three Dimensions

We can understand the special dynamics of remarried family life by looking at three dimensions. These include: (a) the very different structural challenges that these kinds of families face, and (b) a sense of where this particular family is in the normal developmental process of meeting these challenges. (c) Familiarity with four common patterns of development provides another lens for viewing a stepfamily's functioning. We summarize each of these three dimensions and then apply what we have learned to the Browns' stepfamily dynamics.

Structural Dynamics

Stepfamily structure creates a number of painful dilemmas. Uninformed clinicians all too often treat these normal dilemmas as evidence of dysfunction, with disastrous results. In all families, there are moments when some family members occupy an "insider" role while others are in "outsider" positions. Sometimes Mom and Dad are close and the kids are left out. Sometimes one parent and a child are close and the other parent is the outsider. Sometimes it is the other parent who occupies the outside role with that child. In healthy first-time families, the "insider" and "outsider" roles can rotate. The main insider team is the adult couple, who began the family together and who can turn primarily to each other for support, intimacy, and the business of family problem solving. In contrast, remarried couples begin with children on the scene and no time to form a strong team before being thrust into the demands of parenting. An early-stage stepfamily consists of one, and often two, already established parent–child "minifamilies" (Keshet, 1980) whose members' attachment to each other is much stronger than the new adult couple's. The bonds of the original parent–child insider unit include norms of behavior evolved over years of living together. These mutual understandings about how things "should be" may extend to everything from what kind of cereal should be eaten at breakfast (Jane does not allow sugar cereals; Ed and his children love them) to how disagreements are handled (Jane and her children yell until they are done; Ed and his children discuss differences politely and quietly, if at all). As in any ongoing system, some of these agreements have been openly articulated. Many, equally powerful, remain out of conscious awareness until they are violated by an unsuspecting stepperson: "I can't believe your children can't even put silverware away properly," was Jim's cool, but clearly displeased response to Jane's children's habit of throwing all the silver in the drawer together. "Why should we," stormed Jane, " It just gets all messed up again anyway."

Furthermore, unlike in a first-time family, the original parent–child units in a stepfamily come to their new relationships bringing a history of loss. Adults have lost a spouse through divorce or death. Dreams have been lost and time has been lost, and years of unhappiness can no longer be reclaimed. Children have lost their family unit. One parent is always missing, whether it is at breakfast or doing homework, not to mention at holiday celebrations. Children have often lost a significant amount of contact with their noncustodial parent. Often they have moved—losing friends, a familiar school, and a familiar neighborhood. Familiar family routines change. Daddy no longer makes pancakes on Sunday mornings; instead, the family has cold cereal and milk. Mommy is not around to help with a math problem; instead, the child struggles alone or tries to get help from her over the telephone. In single-parent families, discipline becomes more lax; adult–child boundaries loosen as parents and children turn to each other to deal with losses and to make decisions together that were previously made by adults.

In time, new routines replace old ones in a single-parent family: On Friday evenings, Mom and her kids now curl up together for a video and popcorn. Now on Saturdays, Dad and the kids make pancakes together. Although it is usually felt as a gain for the parent, the entry of a new adult may launch yet another series of losses and disorienting changes for the child. Suddenly Mom is out with her new partner on Friday nights. Dad's girlfriend insists on *her* kind of breakfast. Hardest for children, the entry of a stepparent creates a *loyalty bind*—if I love Mom's new boyfriend, am I betraying Dad? If formerly married parents are badmouthing each other or their ex-spouses' new partners, the loyalty bind intensifies.

Thus, the stepparent in a new, remarried family begins as the stuck *outsider* to a biological parent–child unit whose connection has been intensified in the single-parent family. The biological parent begins as the stuck *insider*, with closer ties to everyone concerned, including children, the new partner, and the ex-spouse. In a double family—where both partners bring children—the insider unit may be the custodial parent and his or her children; the minifamily, into whose home the others have moved; or the team with the noisier, quicker, more dominating decision-making style.

Looking at the Brown stepfamily structurally, Jane has occupied the insider role. Her children live with the family, whereas Ed's visit. The family operates on Jane's original family's norms. In the Brown home, there are no sugar cereals, and the silverware is not sorted; Jane and her children argue openly with each other, whereas Ed retreats. Even when all children are present, Jane and her children's noisier, quicker style dominates the airwaves and the decision-making process. Although the visit from Ed's children temporarily reversed the insider and outsider roles, the Browns remain, after 4 years, organized along original family lines.

A history would also reveal that the Browns came together amidst many losses: Ed lost custody of his own children in a bitter divorce. Jane's husband left her suddenly. She and her children moved several times, losing access to familiar neighborhoods and several sets of friends, and the children lost contact with their father.

Normal Stages of Stepfamily Development: The Stepfamily Cycle

The *stepfamily cycle* (SFC; Papernow, 1984, 1993) delineates the stages involved in moving from a collection of original minifamilies (or a minifamily and a single stepparent outsider) to a functioning stepfamily. In first-time families, the biological clock provides markers that tell us that tantrums are normal in a 2-year-old and problematic in an 8-year-old. Likewise, the SFC provides another assessment lens, enabling us to differentiate an ordinary and expectable event from a problem that indicates trouble. Just as a model of normal development helps focus energy on managing temper tantrums effectively, rather than preventing them, the SFC guides both families and clinicians in identifying appropriate developmental milestones and tasks.

In the three *Early Stages* (*Fantasy*, *Immersion*, and *Awareness*), the task is not wholesale change, but getting to know each other. Stepfamilies (and their therapists) need to know that the family will remain primarily divided along original family lines, with most nourishment, agreement on rules and rituals, and easiest connection remaining within the biological subsystems. In these stages, we need to help the stepparent function as "sounding board not savior" (Papernow, 1993, p. 120), providing support for the biological parent, enforcing the rules of the house, and getting to know stepchildren (i.e., inquiring about their daily activities, but not stepping in as another parent). Bray (1992) called this role "monitoring," and Mills (1984) described it as an aunt or baby-sitter role.

Clinicians can encourage stepparents to negotiate for two or three rule changes that would make them more comfortable. More is untenable for children, and less leaves the outsider functioning entirely on foreign territory. Where there are two sets of children, couples can be encouraged to agree on four or five basic rules for the new family, requiring about the same amount of change for each minifamily, and leaving many differences in place.

Therapists can help stepfamilies understand that, in the Early Stages, "blending" is less effective than "compartmentalizing" (Papernow, 1993, p. 334): Spending adequate one-to-one time in stepcouple, biological parent–child, stepparent–child, and stepsibling pairs helps outsiders get reliable intimate time, frees the biological parent insider from the go-between role, provides adequate support for children through this major transition, and gives the strangers in the family an opportunity to get to know each other.

In the *Fantasy Stage*, we often see the adults in the family yearning for a quickly blended "better" family than the first one, in which both partners love each other's children equally, the stepparent provides what the ex-spouse did not, and the pain of earlier losses is healed.

In the *Immersion Stage*, the reality of stepfamily structure begins to make itself felt. Every time a child walks into the room, each adult has a fundamentally different experience. The child looks past the intruder (the stepparent) to his or her biological parent, who feels pulled, engaged, empathetic, and connected. The same event can leave the stepparent feeling rejected, pushed away, resentful, and left out. The negative valence of these feelings can be all the more shameful for stepparents because their insider partners cannot provide empathy or validation. Anxiety may build for biological parent insiders when stepparents and stepchildren compete for attention and do not immediately take to each other. Nonetheless, biological parents often remain more comfortable in this stage because they have a source of nourishment and support in their children, and their insider role exposes them to less rejection and exclusion.

Major shifts in family status (the stepparent moves in, the couple marries) may cause children who were initially welcoming to appear more problematic; this occurs because loyalty binds tighten, and children face yet another set of changes. For children as for adults, the Immersion Stage is marked by the sensation that "Something doesn't feel good," but lack of clarity about what it is. All too many stepfamily members conclude, "It must be me" or, alternatively, "It must be that you are doing it wrong." Informed clinicians can help put language on the family's experience and help them to understand that the divisiveness is a normal result of their remarried structure, not an indication of inadequacy.

In the *Awareness Stage*, feelings start to have names, and the events that caused them become more clear. Helping remarried family members to move from Immersion to Awareness involves supporting them in completing two tasks: an individual task (ensuring that each individual family member has some language for his or her new position in the stepfamily structure), and a joint task (building an adequate understanding of what the other members of the family are feeling).

We can help complete the individual task by helping outsiders tie embarrassing negative feelings (jealousy, inadequacy) to the real events that create them (constant exclusion, children who ignore them). We can help insider parents find language for "feeling torn" and "trying to please everyone." We can help children to name the changes that have been hardest for them, to describe their losses and gains more fully, and to describe the bind of being expected to love a stepparent when it means betraying the parent of the same sex. We can help all family members describe the cultural differences they are encountering.

If the individual task is to find a voice, the joint task requires helping stepfamily members to use their eyes and ears. Insiders need to learn about what it is like for stepparents to be constantly excluded, and outsiders need to understand how torn their mates feel. Adults must empathize with their children's loyalty binds and losses. Partners of noncustodial parents need to hear what it is like to lose daily contact with your children. Members of each unit must become curious about the meaning and importance of "foreign" cultural habits and norms. Because the task of stretching to understand the other's point of view is often challenging, many families return later to complete it.

The *Middle Stages* (*Mobilization* and *Action*) see the beginning of a major structural shift as original family ties loosen and step ties strengthen. This stage is often initiated when a previously silent outsider stepparent begins speaking up with more energy and strength about issues, such as more adult time alone without children, and changes in family rules. Now the biological parent's insider position becomes more painful, as the stepparent's more vocal need for new rules and more adult couple time competes with children's needs for stability and easy access to a parent. Occasionally it is the biological parent who becomes more outspoken at this stage, after having remained silent while the stepparent insisted on numerous shifts in rules and norms. Sometimes it is a child who finally begins to more vociferously object to too many changes in family norms, or who finally confronts a parent's badmouthing of the child's other parent.

Couples often appear for help in this stage as they move into more open conflict about their step and biological differences. In this often chaotic and intensely embattled period, therapists can help families to value the achievement of openly airing both the needs of the insider minifamily for stability and continuity after its numerous losses, and the outsiders' needs for enough changes to be comfortable on foreign territory. Recent work (Gottman, 1994; Notarius & Markman, 1993) reminds us of the importance of teaching families to fight constructively ("It hurts me when..."), rather than critically or contemptuously ("That's stupid").

The developmental task of the *Action Stage* is to forge areas of consensus about how the new family will operate. Successful moves in this stage balance children's needs for stability (including one-to-one connections with their parents) with the outsider stepparent's needs for change and for intimate time with his or her mate. Successful families maintain some of each original unit's culture, combine some aspects, and create some entirely new norms and rituals. Therapists can help the family ensure that moves in this stage build on adequate individual and joint information gathered in Awareness Stage tasks. The Middle Stages end with a more shared stepfamily culture, stronger stepcouple and stepparent–child relationships, loosening biological relationships, and often a more active and directly involved stepparent, but still no solid stepparent role.

The two *Later Stages* (*Contact* and *Resolution*) usher in a period of solidification. The family begins to function without constant attention to step issues. The *Contact Stage* is the stepfamily's hard-won honeymoon, as the triangulated relationships of early stepfamily life give way to more intimate and authentic one-to-one step relationships. Children can now be more easily nudged out of the adult couple relationship, and stepparents—and at least some (often not all) stepchildren—begin to forge deeper relationships. Now, after the major structural changes of the Middle Stages, an identifiable stepparent role emerges. Success means evolving a role that is "mutually suitable" (Crosbie-Burnett, 1984) for both stepparent and stepchild. Thus, the amount of closeness and engagement, as well as the particular functions included in stepparenting, will often differ with each stepparent–child pair in the family.

In the *Resolution Stage*, the stepparent role can solidify as an "intimate outsider" position (Papernow, 1993, pp. 208–209)—stepparents have now known their stepchildren long enough to be intimate with them, but remain outside enough to have a more neutral and often special kind of mentoring position with some (often not all) of them. When we see stepfamilies in the Resolution Stage, step relationships feel reliable and solid. Norms have been established, and a history has begun to build. There is now a sense of how "we" as a new family celebrate holidays, handle dinner times, and deal with everyday problems. The new family's norms have maintained some of what was familiar to each of its original subunits, and some have been invented that are particular to this new family as a whole.

New issues bring stepfamilies in for help at this time: a change in custody, an older child moving back home, impending college costs, and differences over childrearing. Although step conflicts may temporarily divide the family along old minifamily lines, throwing the family back to an earlier stage, clinicians can remind Resolution Stage couples that they are now less breakable. Families that do divorce after this stage do not split up over step issues, and often stepparents and stepchildren remain connected.

Although these stages are presented linearly, stepfamily development does not happen neatly. Just as in biological development, a family may move ahead in one area but remain at a much earlier stage of development in another. A stepparent may move into Awareness and Mobilization while a biological parent remains in Immersion. One child may have moved immediately to Mobilization while another languishes in Immersion.

Developmentally we see that the Browns remain mired in the Early Stages. Jane maintains the fantasy that Ed could have a more biological-like relationship with her children. Ed feels he *has failed as a stepparent because he cannot live up to these expectations. Neither Ed nor Jane has realistic information about the difference between step and biological relationships.*

Even after 4 years, much of the individual awareness task in the Brown family remains incomplete, and the joint task of understanding each other's experience has not yet begun. Ed has had little or no voice for his experience of being an outsider in this family, or for his painful lack of contact with his own children. It appears there has been little attention to the children's losses.

As is this remarried family's norm, Ed acted on his pent-up need for connection with his noncustodial children, with no preceding conversation with Jane or any attention to its impact on her. Although Jane is able to articulate her dissatisfaction, she expresses little understanding of Ed's outsider position.

Potentially, their recent role reversal could have provided both Jane and Ed with information about the other's usual place in the family. However, the lack of "eyes and ears" in this family means that neither Jane nor Ed was able to use this experience to say, "Now I understand what it's like to be left out," or, "Now I understand more about what it's like to be torn between your kids and your partner."

Although many remarried families would have moved into the more open differentiation of the Middle Stages by this time, conversations in the Brown family over items like the silverware difference cannot yet go beyond an initial flurry to a more extended discussion of what the difference means to each family member. The family has continued to function on Jane's original family's norms. Although this might have been appropriate for the first year or even two, a better functioning stepfamily would have made a few early changes to accommodate Ed, and by now the family would have evolved some joint culture.

Four Patterns of Development

With this background, placing a remarried family in one of four different patterns of movement (Papernow, 1993) through the SFC can further clarify developmental tasks. The four patterns are named for the stage of the SFC in which the stepfamily begins its developmental process. They describe four paths that remarried families take in dealing with the anxiety of confronting step issues.

Aware Families begin their lives together with realistic expectations and good communication skills. These are the "fast families," who complete the SFC in 4 years. They may have fewer major differences to work out, and often have children who are basically healthy and accessible. These families are also more likely to greet existing differences with "Tell me more" or "That must be hard" than "What's wrong with you?" or "What's wrong with me?" As a result, Aware Families help each other accomplish both individual and joint awareness tasks. Because they do not have to fight as hard to get understood, they tend to have a less conflicted Mobilization Stage, and thus move more smoothly and with more useful information about each other into Action Stage tasks. Whether intuitively or consciously, Aware Families often have a good "aesthetic" about Action Stage tasks. They move ahead in areas where all family members are ready, and leave other differences in place.

Immersed Families struggle for longer before completing awareness tasks, functioning on the original insider family's territory, and leaving the outsider stepparent and any outsider stepchildren with little voice in decision making. It is often the individual stepparent who appears for help in these families, complaining of depression or stress, frequently not connecting distress to stepfamily dynamics. Often the complaint is, "Something's wrong here and it must be me." The challenge for individual therapists is to help outsider stepparents complete awareness tasks—tying feelings to real events and naming a few needs for change—without fracturing an already fragile family structure by succumbing to the pull to blame the biological parent.

Unlike the more low-key continuous information-gathering style of Aware Families, Immersed Families begin to bridge the multiple experiential gaps of stepfamily life only when the outsider stepparent gathers enough clarity and courage to confront differences more forcefully, dragging the family into the Mobilization Stage. Individual therapists often err here by encouraging newly mobilized stepparents to speak up indiscriminately. In stepfamilies, even more than in other kinds of families, we must coach for assertiveness that maximizes connection and provides useful information, rather than furthers disruption. "What's wrong with you that you can't treat me like a human being?" is much more likely to damage an already structurally fragile couple system than "Did you know you don't look at me at the dinner table? Even once every 10 minutes would make meals a lot more enjoyable for me."

Mobilized and Action Families skip the anxiety of Early Stage tasks by launching precipitously into the Middle Stages. *Mobilized Families* often consist of two very lively adults, both with strong voices who begin their lives together in the Mobilization Stage, fight-ing openly about each new issue. Therapists must help these families slow down and move back to the more empathetic and curious stance of the Awareness Stage to gather more information ("What does that mean to you?" "What does that feel like?" "What would help you now?") before engaging in a pitched battle. Mobilized families that can be helped to fight constructively can learn enough from each other to accomplish Awareness tasks and move forward to effective action. "I hate it when your kids don't even say hello to me" will communicate much more useful information than "Your children are uncivilized monsters." Less successful Mobilized Families remain mired in chronic conflict or blow apart before they can create a workable stepfamily.

Action Families deal with the anxiety of bringing strangers together by skipping precipitously to the Action Stage right away, before early stage tasks are complete. Often the adult couple immediately forms an extremely tight unit, creating a host of new "family rules." The clinical literature is full of exhortations for stepcouples to become a strong team. However, research shows that psychological adjustment for girls is actually poorer when the stepcouple is very close (Brand, Clingempeel, & Bowen-Woodward, 1988; Hetherington, 1987). The tight Action Family couple often denies children adequate access to their biological parents, and requires too much change of them too fast. Like Mobilized Families, successful Action Families must return to complete individual and joint Awareness Stage tasks before they can move on. Not surprisingly, the first therapeutic contact may be with a depressed or acting-out girl who is attempting to tell the family to slow down. Instituting reliable parent–child one-to-one time, moving the stepparent out of a primary disciplinary role and winnowing the number of rule changes to three or four lowers the tension and can put the Action Family back on a developmentally appropriate track.

The Browns are a classical Immersed Family. In fact, this couple's communication style (Jane explodes, and Ed withdraws) might have kept them in Immersion, functioning under Jane's family norms until Jane's children left home. However, when Jane, the more vocal family member, was suddenly thrust into the outsider role, the Browns had an opportunity to complete long undone Awareness Stage work.

Intervention with couples like the Browns must provide basic information early on that will help name and normalize the insider–outsider issues surfaced by this crisis. Of course Jane felt left out when Ed suddenly acted on his pent-up need for contact *with his children. Of course Ed needed connection with the children he sees so rarely. Probably Ed has felt left out for years, and Ed and Jane will always have different relationships with her children than with his.*

Some basic coaching will be useful: Planning one-to-one time for all family members ("compartmentalizing") will begin to bridge the Browns' divided stepfamily structure without depriving biological children of their parental relationships. Adding an extra intimate couple date before and after Ed's children arrive will provide some protection from rejection and abandonment for the new outsider stepparent. Younger stepfamilies often need help with Early Stage discipline issues.

Articles and books can be extremely helpful for those who like to read (Papernow, 1984, 1987, 1993; Stepfamily Association of America, 1989). Children's books (Coleman & Ganong, 1988) not only help children name and normalize their own experiences, but often give parents a less threatening way to understand their children's feelings and behavior.

The Stepfamily Association of America (SSA) is an important adjunct in this educational task.Clinicians should have both local and national SAA numbers and addresses available.[1] *Membership includes a quarterly newsletter, a free copy of* Stepfamilies Stepping Ahead, *a catalog of easily ordered books on stepfamilies at a 10% discount, and a list of local chapters. Local chapters usually meet monthly for information, support, and socializing.*

In the Early Stages, SAA meetings help to lift shame and blame by normalizing unique step dynamics. Both individual and joint Awareness Stage tasks are supported as other stepfamily members speak for both the insider and outsider positions. In the Middle Stages, SAA meetings help normalize conflict and provide creative models of working out step dilemmas. SAA chapters with long-term members also provide encouraging and hopeful examples of healthy stepfamilies who have "made it" to the Later Stages.

Assessing Clinical Dynamics

For many families, some normalizing information and a few strategic ideas like "compartmentalizing" can be enough to facilitate developmental progress. Working with the Browns without attending to their step dynamics would be fruitless and even damaging. However, for more troubled families like the Browns, further progress is hampered by more generic clinical dynamics: interpersonal couple or family dynamics and individual intrapsychic dynamics that may interact powerfully with step issues.

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Interpersonal System Dynamics

As the current crisis recedes, we attempt to engage Jane and Ed in talking more fully about their insider and outsider positions over their years together and begin working with each other and with their children to make this family more satisfying. However, we find completion of crucial Awareness Stage tasks is continuously interrupted by Ed's difficulty in accessing and voicing his experience and Jane's difficulty in listening.

To be helpful to the Browns, we must turn our attention from *what* they are talking about (their step issues) to *how* they are talking about it. As in any systems work, the task is to describe the choreography of how this couple or family communicates, not to blame any individual. To support an already discouraged, often overwhelmed and frightened stepfamily, it is critical that we begin by looking for something positive about the way in which they work together. We can then look for the "underside"—the problem their communication style creates (Zinker & Nevis, in press), and the way in which this intensifies or magnifies their step issues.

For instance, as we sit with a Mobilized Family, the therapist sees two adults who are easily excited and quick to react. We can value the energy and vitality of these couples, and the fact that they air their differences early (unlike the Browns, whose differences remained hidden until a crisis forced them into the open). In courtship, and even in a first-time family, this style can make for lively interaction. However, the propensity to engage fully over each issue makes early stepfamily life, with all its multiple differences and surprises, completely overwhelming. For this reason, Mobilized couples often report an exciting courtship that deteriorated when the new stepfamily moved in together. These families will need help learning to lean back and take a breath, to let some things go, and to attend to one issue at a time.

In an Immersed Family like the Browns, we see a vocal and demanding biological parent and an outsider stepparent who backs off easily. Unlike the Mobilized Family, we can commend this pair for their ability to keep the peace. Unlike the Action Family, these families do protect children from too much change. The problem is that many issues do not get a full airing. As a result, dominant insider norms remain in place while silenced outsider stepparents withdraw in depression. Before developmental progress will continue, the more vocal partner will need to learn to sit back and listen, and the less expressive partner will need to learn how to push forward and get heard.

In troubled Action couples, we often see the reverse—a forceful stepparent who talks but has trouble listening, and an accommodating biological parent who listens but has trouble speaking up. We can congratulate these stepfamilies for their ability to make room for a stranger and to form a couple team in the face of divisive pulls. However, these families need to attend more to children's needs for connection and continuity. In both these cases, developmental progress as a stepfamily requires that both insiders and outsiders—children and adults—be able to both talk *and* hear.

Educational work (i.e., normalizing step issues and providing some coaching about what works and what does not) can be accomplished with members of the couple or family talking directly to the therapist, and the therapist responding, explaining, and empathizing with all sides. However, interpersonal communication patterns are best seen by asking the couple or family to turn to each other so the therapist can identify *how* they interact with each other over step dilemmas: "I think we have a couple of things I can help you with. One is learning about being a stepfamily. Another is looking at *how* you deal with each other about these and other issues. I can best help you with the *how* part if you turn and talk to each other."

When we watch them talk with each other, we see Jane move quickly to verbalize her concerns, whereas Ed retreats consistently into silence. We notice that Jane's feelings get very large very quickly. She makes strong statements and asks few questions. Ed seems to have very little access to his internal experience. He gets very quiet, provides little feedback, or gives facts and details with little emotional connection. As Ed communicates less, Jane becomes increasingly anxious, talking with more and more force as Ed withdraws even further.

As in any couple, simply describing this series of moves begins to give the couple some sense of what is happening to them, and thus lowers the panic. We can appreciate Jane's ability to speak straightforwardly, and Ed's ability to get out of the line of fire. It is also helpful for stepcouples like the Browns to understand how, over the years, this pattern has magnified their al-

ready existing step dynamics of a dominant insider system and a weaker outsider.

Intervention around the couple dynamic focuses on helping both partners to make new moves that might change the choreography (Zinker, 1994). Jane was helped to literally stop and take a breath, and to sit back when she was anxious, rather than charging forward. She was helped to ask questions even as simple as, "What do you think?" when she finished speaking, and to wait for the answer. We supported Ed to take the time to tune into himself—to say "Hold on, I need some time," rather than becoming numb and withdrawing. We found he could usually name his feelings if he were given enough time and a little empathy. "Take some time to look way inside. Do you think you felt left out?" We worked on identifying accusations ("How could you do that?") and transforming them into truly curious questions ("What was that like for you when that happened?") so they could generate more new information about each other.

As the interpersonal dynamic shifted, much buried information began to emerge. Ed wept about losing his kids; Jane talked about being stuck as the moderator between her children and Ed. Ed described his pain and discomfort over his relationship with his stepdaughter. In a family session, the stepdaughter spoke about moving from their original home in the country to a small apartment and a new school in the city—and then, when Jane remarried, to a new state. She talked about losing contact with her father and having to deal with a strange and much more formal man. Ed told his stepchildren about how hard it was for him—as a man who needs order and peace—to suddenly be thrust into daily contact with Jane's more chaotic and noisy family. He told them for the first time about the difficulty of being expected to parent Jane's children when he had just lost custody of his own.

As each individual finds language and gains a voice, families like the Browns need help connecting with each other: "Ed can you tell your stepdaughter how you felt inside as you listened to her?" To the stepdaughter, "Can you tell Ed what you've just learned about what it must be like to be a stepdad?" "Jane can you tell Ed what you've just learned about what this family has been like for him?"

Now the family could return to the silverware issue. Each person was instructed to talk, listen, and ask questions as if they were each from different planets. "How is it that on your planet you do it this way?" Ed spoke about the sense of peace and order he missed growing up in an alcoholic household. Jane talked about *how throwing all the silverware in the drawer had provided a brilliant solution for her as an overwhelmed single parent nagging two young children who continuously "forgot" to empty the silverware from the dishwasher. As a temporary solution, the family established an "Ed drawer." The children, with increased understanding of what it meant to him, committed to placing his two favorite knives, the can opener, and two sets of silverware in their own slots in that drawer. Ed decided not to look in the other silverware drawer "except in emergencies."*

Despite these improvements, the Browns chronically returned to their old interpersonal style. Although Ed had gained some relief from burdensome fantasies, Jane's pain seemed to increase as she tenaciously hung to her fantasy that Ed could feel more like a biological father to her children. Although Ed's voice grew stronger, he continued to withdraw at stressful moments.

Individual Intrapsychic Dynamics

The losses, stuck insider–outsider positions, challenging parental roles, and multiple cultural differences of remarried stepfamilies are enough to make the sanest of us crazy. It is crucial that therapists first treat jealousy, resentment, anxiety, and disappointment as normal responses to the realities of stepfamily structure, despite their negative valence. However, a number of clues may signal the clinician that old history is coloring and distorting current experience: Fantasies may remain strong, despite information about the normal differences between step and biological relationships. Overwhelming feelings of jealousy may persist, despite substantially increased one-to-one couple time. A family member may continue to feel painfully inadequate, despite realistic goal setting around step issues. Interpersonal tangles relentlessly repeat themselves, despite that the couple seems able to master the tools for more effective communication. Only then can we look more deeply to individual historical roots that may be making stepfamily events more intense.

Having first acknowledged and worked with current step events, we can explore with an overwhelmingly jealous stepmother, "What makes this especially painful?" We may find she occupied a stuck outsider position in a previous family of origin, making her outsider position much more difficult to tolerate even for short moments. A biological parent with a history of abandonment may find constant differences much more disturbing and anxiety-provoking. A person from a chaotic alcoholic familyof origin may find the early chaos of double family living so reminiscent that even ordinary negotiations over differences become swamped in anxiety. As in any couples work, helping partners to help each other separate the present from the past, and coaching partners to ask for and provide extra support at vulnerable moments, will be helpful. Whenever possible, individual work needs to be balanced between the partners, lest one become the "identified patient."

In response to a rather sharp question from Jane, Ed withdraws once more. Therapist: "Did you know you just got real quiet, Ed? What happened inside you just then when you got quiet? What in your family made it a smart idea to get quiet under attack?" Ed tells us he was the oldest child in an alcoholic family. His father was angry and abusive when drunk, and Ed learned to remain as quiet as possible, lest his father lash out at him. Ed was also a smart, bookish child in a working-class community. Engagement with his more aggressive peers meant losing for sure. Reading or doing a science project alone provided much more satisfaction. Bringing the individual work into the couple context is important: "Can you tell Jane how scared you get when you hear her voice get sharp?" To Jane: "Jane, can you tell Ed what you've learned about what you do that helps him withdraw?"

Balancing the individual work within the couple, we turn to Jane: "Jane, can I ask you something? Where you come from, what made it a good idea to know what you think and say it real strongly?" Jane describes her father as extremely rigid and controlling. Ed volunteers that Jane's father would walk into their home and offer critical opinions on everything from the color of the curtains to what time dinner would be served. "Oh," I say, "You learned to protect yourself by expressing your opinions very forcefully. Asking questions and listening with a dad like that is asking for criticism you don't want to hear. Does that feel true to you?"

Bringing the individual work back to the couple, "Would you be willing to try again asking Ed a question about what it's like for him with your kids? This time lean back and breathe and listen to the answer and see what happens inside you." As Jane listens to Ed, she says, "I feel tense, as if he's going to attack me." Now it becomes clearer how the past intrudes on the present (Ed rarely attacks). Jane can begin to separate the anxiety provoked by hearing Ed's very different experience of her children from the anxiety of being criticized by her father. She can now begin to pull Ed toward her when she is frightened, rather than hardening and pushing him away: "Boy that's hard to hear. Would you hold my hand *while you say that?" Of course as Jane attacks less, Ed talks more, and his outsider position gains more voice in the family.*

It is important to note that, for Jane, as for many adults in stepfamilies, relinquishing her fantasies will involve considerable grief work. Using what I call the "language of wishing" helps the clinician to approach what seems like "resistance" with tenderness and respect. "You so wish that Ed could love your children the way you do." This statement brought Jane to her unresolved grief about her first marriage. She poured out her pain at the fact that her children's father had abandoned her and her children, and her wish that Ed could replace their father. Returning to the couple, "This is hard news for you, isn't it, that Ed will never feel as you do about your children? Can you tell Ed how much you longed for this, and how hard it is for you that it cannot happen?"

Exploring first marriages provides additional opportunities for understanding the interplay of past and present in a stepfamily. In another session, an issue with Ed's ex-wife led us to talk about that marriage. Ed's first wife had been quiet and academic like Ed. She had provided the safety and room for withdrawal that had been missing in his family of origin. This marriage ended when the children left home and the lack of intimacy between the adults surfaced. In Jane, Ed had clearly chosen a woman who insisted on relating. However, he had responded to her aggressive style and his inability to name his feelings and advocate for himself with his old coping mechanisms of withdrawal and work. "Clearly you chose someone different for this marriage. Now you have a chance to find some ways to deal with conflict."

What's Going on Here? A Summary of Questions for Assessment

What do we do when confronted with a stepfamily in trouble? An understanding of stepfamily structure leads us to ask in our assessment: (a) Who are the insiders and outsiders in this family? (b) Does this family have realistic information about normal stepfamily dynamics? Do they need basic coaching about living well in a family where parent–child relationships predate the adult couple? For instance, does this family "compartmentalize"—does each family pair have some reliable time alone together? Do stepparents and stepchildren expect to get to know each other slowly over time? (c) What losses have people in this stepfamily experienced? Have family members expressed their losses to each other, and have they been heard? For instance, do children need help describing the many changes in their lives? Does a noncustodial father miss parenting his children, and can his new wife hear that? Does a biological parent grieve the necessity of parenting with a partner who is unequally attached to his or her children?

Looking at this family's overall pattern of development enables us to ask: (d) Where did this family begin in the SFC, and where is it now? A developmental context enables the therapist to help family members to appreciate what they have already accomplished on the challenging road to forging workable step relationships, and to focus energies on the next developmental task. (e) What fantasies does this family bring? Has it lifted in the face of reality? Early stepfamily life will present many more losses, surprises, and disappointments for those who enter with strong fantasies. Does the family adjust expectations as it becomes clear that stepparents and stepchildren need time to get to know each other? Or do fantasies and wishes harden into shoulds ("You should be able to love my children"), blame ("What's wrong with you that you feel this way?"), and shame ("What's wrong with me that I feel this way?"). It is important to remember, too, that relinquishing fantasies is best conceptualized as grief work, not as radical surgery. Often an unexpressed, unmourned loss lies underneath what appears to be "resistance." The "language of wishing" will help the therapist to empathetically identify fantasies that are blocking development: "You so very much wish Ed could love your children as you do."

(f) Have Awareness Stage tasks been completed? Implicit, or perhaps explicit, in this chapter is the fact that solid awareness forms the foundation for developmental progress. Do the individuals in the family have some language for their experiences of their particular roles? Does the outsider stepparent have a voice when he or she feels left out or pushed away? Can he or she name needs (e.g., more intimate couple time, or a few rule changes)? Do insider adults have enough language for feeling torn, and for the difficulties of balancing many needs? Can children articulate their loyalty binds, as well as their feelings about the changes in their lives? If not, or if some members have voices and some do not, the therapist will need to start here. If some stepfamily members remain unable to find a voice in couple or family sessions, individual sessions may be needed to provide a safer environment in which to begin speaking.

In addition to having a voice, do family members have eyes and ears? Do they understand each other's experience? Do insiders express interest in what it is to be a newcomer to an intimate parent–child unit? Do outsiders have some empathy for the pulls of being the insider? Do adults express to children their understanding of children's losses and loyalty binds? Can older stepchildren imagine their stepparents' position? Are members interested in the meaning of their cultural differences to each minifamily? If so, the therapist can congratulate the family on having achieved a crucial developmental task. If not, work starts here, noting that each family member seems able to speak, but is having difficulty hearing each other. For some couples or families, this feedback alone is enough to change the dynamic. Others will need specific direction ("Can you tell Ed what you heard him say?" "Can you tell your stepdaughter what you understand and what you don't understand about what she was feeling yesterday?").

Middle Stage assessment questions include: (g) Has this family been able to air its differences fully? and (h) Has it evolved some "aesthetic solutions" that meet step and biological, insider and outsider, and adult and children's needs in the family? Because airing differences requires all family members to have a voice, work in these stages is dependent on adequate completion of Awareness Stage tasks. Resolving differences also requires family members to have enough understanding of each other's point of view so that they can create solutions that will work well enough for everyone in the family. Apparent "failures" to cooperate may be rooted in inadequate understanding of some family members' needs. We also need enough history to know whether this is a Mobilized Family, where we can describe speaking up about differences as characteristic of the family. Or is this an Immersed or Action Family, in which open conflict needs to be appreciated as a fairly new, hard won (although often frightening) developmental achievement? In either case, individual as well as couple or family therapists need to work toward conflict that is constructive, rather than destructive.

Later Stage questions include: (i) Which step relationships have become intimate and authentic? (j) Is there an emerging stepparent role? (k) Does the stepparent have an "insider–outsider" role with any of his or her stepchildren? (l) Where does this family feel solid and reliable? (m) What issues now present themselves for resolution? In the Later Stages, old insider–outsider and step–biological splits may reappear when a college-aged child moves back in, or when the marriage of a stepchild brings an ex-spouse back into the picture. The "necessary losses"(Viorst, 1986) of stepfamily living may reappear for further resolution at this time. For instance, a father at his adult daughter's wedding is faced with the fact that his wife of 10 years cannot join him in the memories he longs to share of his daughter as a baby. Meanwhile, his wife, the daughter's stepmother, finds herself being left out all over again in the wedding planning. Families often fear that these new issues signal "regression" or defeat ("After all this time, we're back to *this*?"). In this, as in all stages, a developmental context helps us remind families that they are facing normal, although divisive, developmental issues in the context of step relationships that are now basically solid and less vulnerable to permanent fracture.

Looking at the interpersonal dynamics of the couple or family generates these questions: (n) How does this family or couple deal with step issues? Can we identify each member's role in the dynamic and describe the system's choreography to them in nonblaming language? What can we appreciate about this family's style? Can we get them interested in what doesn't work about it? (o) How does this couple or family's interpersonal choreography interact with their step dynamics? In a troubled stepfamily, we need to identify interpersonal dynamics that would exist with or without step issues and vice versa. We need to describe the ways in which clinical and step dynamics magnify each other.

(p) What underlying individual psychodynamic issues may be making step dynamics more painful and less amenable to change or input? Because the challenges of stepfamily living can make the sanest of us crazy, it is crucial that we first identify and validate the very real emotional impact of stuck insider and outsider positions, intrusive ex-wives, loyalty binds, and multiple losses. When education, empathetic support to both insiders and outsiders, and some strategic coaching fail to alleviate the pain, we can then look more deeply for intrapsychic dynamics that may be making a particular step role harder.

No clinician can keep all of these questions in mind at the same time. Some families will need to work more intensively in one or two areas. Some sessions will focus in one area, and others in another. Remarried families without complicating interpersonal and intrapsychic dynamics will often need only a few educational sessions focused primarily on step issues, with "check-in" returns as needed. Effective work with more troubled stepfamilies like the Browns will continuously separate and weave together step issues with interpersonal process and intrapsychic dynamics.

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2

Avoiding the Mind Fields of Stepfamily Therapy

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Demographers continue to predict that by the year 2000 stepfamilies will be the predominant family structure in the United States (Glick, 1989). Because new stepfamilies have many stresses, this means that an ever-increasing number of individuals and families seen by therapists will be dealing with this type of family system.

During the past 15 years, an increasing number of papers and books have been written with valuable information for therapists. Important references appeared in the articles by Coleman and Ganong (1990), in which they reviewed the recent stepfamily literature. Although knowledge of stepfamily life is a basic prerequisite for successful therapy with stepfamilies, other considerations also need to be acknowledged. This chapter addresses another important therapeutic area: common pitfalls or "mind fields" that can impede therapeutic progress if they are not recognized.

Need for a New Family Model

A basic difficulty for therapists working with stepfamilies is the tendency to use a first-marriage family as the model for family functioning. With a vision of the idealized nuclear family in mind, the chaos in remarriage families is often viewed as signaling severe pathological functioning, rather than predictable stresses of many newly organized stepfamilies. As with other types of families, there are certainly disorganized and nonfunctional stepfamilies, but the danger of "overpathologizing" needs to be recognized.

With the difference in structural characteristics between remarriage families and first-marriage families (Visher & Visher, 1979), stepfamily members are coping with unique situations and emotional components that make it impossible for them to fit a first-marriage pattern. Among other things, parenting and stepparenting is unlike nuclear family parenting: Discipline issues are different, loyalty issues are prominent, constant changes in family composition may be occurring, and negotiation of different values and ways of doing things involves the children as well as the adults. All have lived in other households, and all have definite ideas about family life.

Less cohesion and greater adaptability are characteristics of well-functioning stepfamilies, when compared with functioning nuclear families (Chollak, 1989; White & Booth, 1985), and parent–child alliances in successful stepfamilies are more in evidence than in well-functioning first-marriage families. Attempting to create a tight-knit stepfamily without a continuation of the preexisting parent–child alliances, to some extent, are goals that can lead to dissatisfaction and discouragement. Also, expecting instant relationships and "parent" behavior from a new stepparent does not take into account the time it takes to develop these interpersonal ties to a point where the stepparent has earned recognition as having an authoritative and trustworthy position in the eyes of the children (Papernow, 1993).

Creativity and flexibility are valuable attributes in making the transition to stepfamily life a satisfying one. Not eating dinner together did not make a stepfamily "bad," as one such family was designated; different eating times accommodated the familiar patterns and activities of teenage children and took into account the needs of a 5-year-old. In another situation, the couple withdrew from therapy after the therapist unadvisedly said to the stepmother, "Why don't you play it with the children as though you were their mother." This was a situation in which the children saw their mother frequently, and the stepmother needed to be less, rather than more, in evidence at that particular time. Therapists need knowledge of stepfamily dynamics and the helpful guidelines that are emerging, as well as an ability to transcend the model of the nuclear family to help, rather than obstruct, stepfamily integration (Visher & Visher, 1988).

Avoidance of Therapists' Alliances and Bias

Therapeutic alliances and bias can occur when working with any type of family. In our experience, however, many therapists have a negative bias when working with remarriage families. Not only do they need to stretch their thinking to include families that do not resemble first-marriage families, but they also need to change their feelings about divorce and remarriage. Society in general views divorce as personal failure, and remarriage as creating second-class families (Coleman & Ganong, 1987). With the many challenges and the emotional intensity that stepfamilies display, therapists often report to us that they view them through an extremely negative lens.

The more highly charged emotional climate occurs because each remarried parent, stepparent, or stepchild in a newly formed stepfamily routinely has strong emotions: guilt and fear of more loss of relationships with the children for the parent; pain due to isolation and rejection for the stepparent; and anger, depression, loyalty conflicts, and anxiety due to all the losses and changes for the children. Thus, the family has chronic overload. When therapists understand these feelings and are able to empathize with the emotional intensity of the different stepfamily members, they are able to join with stepfamilies from a positive, rather than a negative, position and be effective in helping with their integrative tasks.

When therapists continue to reflect society's negative attitude, it can be very difficult for them to listen and support the family in its search for successful functioning.

The rebellious behavior of the child may be seen as responsible for the chaos, or the strident demands of the stepparent are held responsible. Often the remarried parent is viewed as an innocent bystander, and the systemic nature of family integration is forgotten.

> Brian, the father of two children ages 10 and 7, had married Becky, a younger woman with no children. The couple sought help because of the many stormy scenes that took place between Becky and the children. The children spent two weekends a month with their mother, and the rest of the time with their father and stepmother.
>
> Brian worked long hours as a contractor, and Becky was alone with the children after school for a number of hours each day. Their interaction during these long afternoons was punctuated by many arguments and raised voices. Brian and Becky were seen as a couple by the therapist, who found it easy to identify with Brian's concern over the demands that Becky made of the children. The therapist accepted Brian's assessment that Becky was the powerful one in the household.

> Therapy did not proceed smoothly, and the therapist sought consultation with a knowledgeable colleague. He had not paid attention to the father's alliance with his children and the fact that Brian had criticized Becky in front of them. She, in turn, was actually feeling helpless, and when the therapist was able to look at a broader spectrum of the family functioning, Becky could acknowledge her vulnerability. Through her tears she said, "I've become a brush your teeth, pick up your clothes stepmother because it's only in these little things that I have any chance of having power to have my needs met at all." The children had their father's tacit permission to behave badly toward Becky, who in turn felt unsupported and angry at the children (and her husband), and she shouted at them. Her behavior upset Brian, who withdrew support from his wife, and hence the family interactions continued to escalate.

As this family illustrates, a stepparent is frequently seen by other family members as being in control. He or she is loud and complaining. In actuality, this behavior may be an attempt to gain some measure of control in a household in which the needs of the stepparent are being ignored by the partner and his or her children. Teasing out these dynamics requires considerable objectivity on the part of the therapist.

> In another situation, the second session with Julie and Ken was over. The couple stood to go, and as they walked to the door, they spoke again about the date and time of their next meeting. At this point, Julie said suddenly, "It's nice to have an ally." Julie's words took the therapist by surprise and immediately she wondered to herself about Ken's reaction. As Julie and Ken walked down the hall, the therapist thought that she must listen carefully to the tape she had made of the sessions to see if she had appeared to be more aligned with Julie than with Ken. She had not been aware of such feelings. The therapist tucked Julie's comment into the corner of her mind to be explored the next time the three met together.
>
> The therapist was a remarried mother and a stepmother, and she was well aware of the danger of overinvolvement with clients' stepfamily issues. Julie was a mother married to a man who had not been married before, and her comment triggered a familiar concern in that therapist. Therapists who have been remarried may frequently overidentify with those in similar positions within the client's stepfamily, and thus react to situations reminiscent of difficult or unresolved issues in their own remarriage family. Sometimes this will mean overidentification with the parent who has remarried, or an alliance with the stepparent; and for therapists who have been stepchildren, it can mean a loss of objectivity as far as the stepfamily adults are concerned (Bradt & Bradt, 1986; Sager et al. 1983). Was

> the therapist being unfair to Ken in some way? After all, like Julie, she was also a remarried mother.
>
> A detailed review of the tape did not appear to illustrate an unequal therapeutic alliance, and the therapist raised the subject of Julie's remark during the next appointment. According to Julie, several therapists with whom the couple had consulted previously had been critical of her desire to nurture her daughter during the initial months of her remarriage, saying she was being too lenient and not firm enough with the 14-year-old. Julie's relief at the therapist's acceptance of this behavior had led to her remark. At this point, the therapist was able to pay particular attention to and comment on Ken's warmth and caring. In this way, the impact of Julie's comment seemed to be neutralized by the therapist, and the sessions proceeded smoothly.

When therapists become aware in actuality that they are responding negatively to a family member, one way to reduce negative therapeutic reactions is for the therapist to inquire about past situations in the life of that person that might have contributed to his or her present behavior.

> One therapist, who was also a stepmother, found herself becoming angry at Tom, a remarried father who would not allow his new wife to accompany them when he and his children were planning to be anywhere that his ex-wife might be. The therapist became aware of feeling angry at Tom, and she asked him for more details about his family background. Then Tom talked about the divorce of his parents and their anger at each other. He said that his parents' bickering had gone straight through him. Tom wished to protect his children from scenes similar to those he had witnessed. When the situation became clear to the therapist and to the couple, productive therapy resulted.

On the other hand, when a therapist has not experienced living in a stepfamily, the therapeutic challenge is to avoid a strong urge to align with the child or the parent. Not having been a stepparent makes it difficult for many therapists to empathize with stepparents. Stepparents tend to experience a great deal of rejection and feelings of alienation during the early stages in a remarriage family (Visher & Visher, 1979). Society gives stepparents an impossible double message: "You must love your stepchildren" and "You cannot possibly love children who are not biologically related to you." As a rule, the child's parent of the same sex as the stepparent wishes the stepparent did not exist, and the children are not thrilled to be asked to relate to a new adult. Even the spouse may not understand the pressures on his or her new partner, and thus may withdraw much needed support (Nadler, 1976). Partly as a result, stepparents tend to be sensitive to any perception of lack of support from the therapist, and therapists who have not been stepparents often find it difficult to understand and give that support. Conscious awareness of reactions to such incidents can help therapists accept with more understanding many of the reactions that stepparents may be experiencing.

Finally, a more general bias can occur when issues go unexplored because they are still unresolved by the mental health professional in his or her own life. This is illustrated by Dr. G.

> Dr. G. had been unable to separate psychologically from his ex-wife. Working with a newly married couple in which the husband continued to respond to his ex-wife's requests for help fixing her dishwasher, washing her car, or repairing the light in her bedroom, Dr. G. was not conscious of his own conflicts in relation to his ex-wife. He did not explore this behavior, although it was causing considerable difficulty between this husband and wife.

Because it is difficult for therapists to talk about areas that have considerable emotional impact for them, consultation with a colleague can reduce the therapist's own conflict, and thus reduce the therapist's stress in working with the family.

Giving conscious thought to personal concerns can help therapists monitor their behavior in uncomfortable areas as they address a similar problem with a client. After listening to a stepfamily case presentation, Dr. H. commented with considerable emotion, "I found myself grabbing the arms of my chair. It's too close to me. I could not see that family, and I would need to refer them to somebody else." Until the mental health practitioner has resolved this sort of painful issue, it may be important to accept the need to give a new client a referral to someone else.

When a therapeutic alliance has already been developed, a transfer would need to be approached gradually and delicately. For example, if the problem area is one of a loss because of a death in the therapist's family that mirrored the one being faced by the client, a sentence might clarify the situation and lead to the continuation of productive therapy. As one therapist said at such a time, "If I appear upset when you talk of your loss of your daughter, Jenny, it is because of the recent death of my daughter. While I believe my loss gives me a better understanding of your feelings, and in no way do I want to suggest that you not talk about Jenny, I simply want you to understand any emotional undercurrent that you might feel." However, if therapy continues to be unproductive, it may be a disservice to both the therapist and the client to continue, and a sensitively approached referral may be indicated.

Providing Effective Therapy

Building trust is an important precursor to effective therapy, and feeling "heard" and understood by the therapist is extremely important (Pasley, Visher, & Visher, in press). Knowledge of remarried families is a crucial element in giving therapists knowledge of stepfamily norms, and preventing them from having unrealistic therapeutic goals for the family, which the family often brings into therapy. Frequently these goals would be appropriate for nuclear families, but not for remarriage families. The therapeutic task in such instances thus becomes one of helping family members accept realistic goals for their type of family, and seeing these as being worthwhile and rewarding.

Clinical observation and empirical research is strongly suggesting that the initial therapeutic goal is one of strengthening the couple if the two adults are not yet working together. If the children need to be seen, this can be done at a separate time from the adults. When the couple relationship has been solidified, it can be productive to include children and the children's other parenting figures as appropriate.

We believe that difficulty in stepfamily therapy often arises because therapists decide not to see, or to see together, individuals whom we feel are unproductive groups or subgroups at that time. Initially, the stepfamily system is an extremely fragile one, and it may take 3–4 years (Papernow, 1993) before the couple is able to work together as a parenting team. In the beginning, there is little or no family loyalty—the family comes together with previous parent–child alliances, the stepparent entering as an outsider and a comparative stranger to the children. We believe that including children in sessions with the couple, or seeing adults together from both of the children's households, may be divisive rather than helpful prior to the Action Stage described by Papernow (1993), in which family relationships have shifted so that there is a functioning couple with which to work.

Strengthening the couple also gives a nonverbal message that life has moved on and a new family unit exists now. It concentrates on the present household, and until the couple is unified, it does not bring together subgroups of the "suprafamily system" (Sager et al., 1983), representing parts of the former family unit (e.g., mother, father and child, or one parent and the children without that parent's new partner).

In one case, the therapist was concerned because she could not persuade family members to communicate with one another in therapy, and hence she felt nothing was being accomplished. This was a new stepfamily group with severe integration problems, in which both adults had children. The therapist was seeing the wife and her children together at times, the husband and his children together at other times, and the couple and all the children together from time to time. The therapist had not seen the couple for an appointment without the children. When parent and children were seen together, they spent the therapy time complaining bitterly about their stepparent and stepsiblings; during the family session, no one said much of anything. The system was still too fragile to handle the negativity. In addition, by seeing the biologically related parent–child subsystems, the strong parent–child alliances were being maintained. Husband and wife needed to come alone to work out their difficulties as a couple before including the children in their sessions. The important challenge is for the therapist to keep the family suprasystem in mind no matter what individual or subgroup is being seen, but not necessarily actually seeing the large group together.

When a decision has been made to include other family members, it is problematic to accept one member's interpretation of another's willingness to come to a therapy appointment. With the emotional and physical divisions between important individuals in stepfamily suprasystems, therapists may hear negative opinions of the children's other parent, the former spouse, a stepparent, and other relatives. Therapists need to make direct contact with these other members, with permission of the clients already being seen. Many times therapists will find these individuals to be quite reasonable and available, rather than rigid, unreasonable, and malevolent. The pain and disillusion that generally follow a divorce may make the former relationship an emotionally volatile one, full of apprehension and misunderstandings, while these same adults have warm relationships with others whom they find nonthreatening. Even when dealing with parents who cannot relate to one another, therapists may find that the love of a parent for his or her children makes it possible for these parents to respond positively to the therapeutic process.

Finally, the emotional intensity present in many remarried families that seek therapy can be somewhat overwhelming to the therapist (Visher & Visher, 1988). Often when seeing a large number of stepfamily individuals, utilizing a co-therapist, or at least discussing the therapy with a colleague, can make the therapy less stressful for the therapist. It can also reduce the therapist's temptation to push for quick changes in an effort to reduce anxiety in everyone (including the therapist). Change involves loss as well as gains, and as such it can feel risky to family members. The vulnerability of forming new relationships, the fear of loss of a relationship with a child, caring about more than two parents for the child, and other stepfamily dilemmas require time and the building of trust. Acceptance by a therapist and normalization of the chaos and heightened emotions help reduce the family's anxiety, and information about the time usually required for the family to settle down allows the family to continue at its own pace. This reduces the chance that premature solutions and attempted control by the therapist will push the family away from therapy, rather than increase the likelihood that the family will remain in therapy to continue the difficult process of family integration (Papernow, 1993).

Conclusion

Stepfamilies do not have the family loyalty evident in first-marriage families, and frequently they have not achieved family homeostasis when they come for therapy. Validation, support, and education about what to expect and how to deal with the predictable stresses create a therapeutic environment, in which changes often occur relatively quickly and the chaos in the family becomes manageable. Much of the time when there are young children, only the adults need to be seen. In other families with older children, or with more complex issues, the children may need to be included and longer term therapy may be necessary. Demographers estimate that by the year 2000 stepfamilies will be the predominant family type in America, therefore it is clear that therapists will be seeing an increasing number of these more complicated families. Avoiding the "mind fields" outlined here can be rewarding for the therapist, as well as for the whole stepfamily.

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3

SYSTEMIC INTERVENTION WITH STEPFAMILIES USING THE CIRCUMPLEX MODEL

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The capacity to assess and treat family problems is of fundamental importance in the field of family therapy. Therapists need a way to conceptualize family patterns from their own perspective, as well as the family's perspective, in order to assess dysfunctional family dynamics and plan treatment approaches. Nowhere is this assessment needed more or is it more challenging than in the arena of treating stepfamilies.

Stepfamilies pose problems in assessment and treatment because each household brings together two or more family systems. Each member of a stepfamily usually has a sense of "before and after" the divorce and new marriage. The "before" family unit may be in stark contrast to the "after" family unit. Even if the two systems are similar in functioning style, the "after" household must incorporate its members' emotional histories associated with the reorganizational event. The collective sense of before–after and accompanying systemic histories compound the assessment of stepfamilies.

The purpose of this chapter is to examine, through the lens of the Circumplex Model of Marital and Family System, some of the challenges of assessing and treating stepfamilies. After a brief description of the Circumplex Model, we discuss methods for gathering information, offer contextual considerations, and illustrate the Circumplex Model through a clinical example. Finally, a case study depicts the clinical usefulness of the model for stepfamily assessment and treatment intervention.

Circumplex Model of Marital and Family Systems

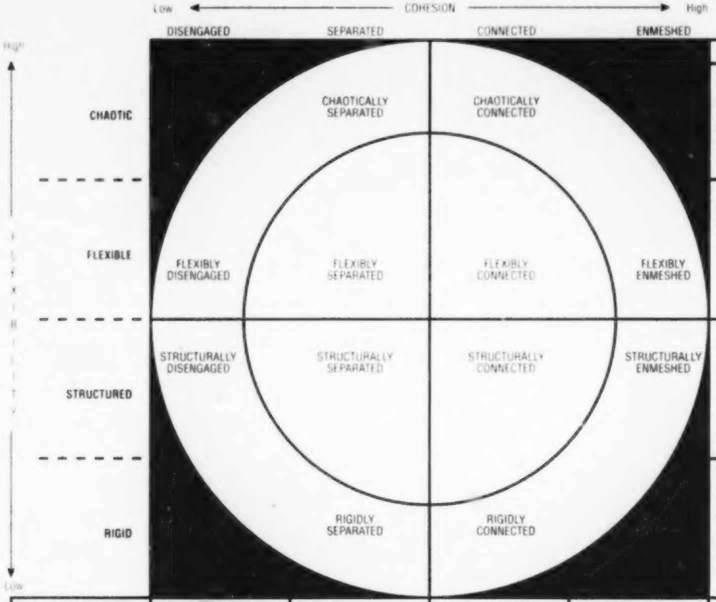
The Circumplex Model (Olson, Russell, & Sprenkle, 1989) has been used as an effective assessment approach about the stepfamily for helping the clinician understand past and current family dynamics, and for providing a point of reference for the family's own understanding. It conceptualizes family functioning along three dimensions of cohesion, flexibility, and communication. Detailed descriptions of the three dimensions, contained in the Clinical Rating Scale (CRS), are included in Appendices A, B, and C.

The first dimension, *cohesion*, represents the emotional bonding that occurs within families, and encompasses concepts such as emotional relationships, coalitions, involvement, and internal and external boundaries. Cohesion as conceptualized in the Circumplex Model is a curvilinear dimension. That is, too little or too much family cohesion is not as functional as a moderate or balanced amount. The four levels of cohesion reflect this curvilinearity from low to high: disengaged, separated, connected, and enmeshed (see Fig. 3.1).

The second dimension, *flexibility*, represents the family system's orientation to change in its power structure, roles, and rules. It encompasses both the level at which the family characteristically operates, and the capacity with which the family system can change or alter its level of flexibility. Its concepts include assertiveness, control, discipline, negotiation styles, roles, and relationship rules. Flexibility is also a curvilinear dimension in that the moderate or balanced levels tend to be the healthiest for families. The four levels of flexibility, ranging from very low to very high, are: rigid, structured, flexible, and chaotic (see Fig. 3.1).

The third dimension of the Circumplex Model, *communication*, is a facilitating dimension, and is not graphically represented on the Circumplex Model. This is because communication, although a crucial variable, is a linear dimension and not curvilinear. Commu-

Figure 3.1. Circumplex Model of Marital and Family Systems



Levels of Flexibility

Chaotic
- Lack of leadership
- Dramatic role shifts
- Erratic discipline
- Too much change

Flexible
- Shared leadership
- Role sharing
- Democratic discipline
- Change when necessary

Structured
- Leadership sometimes shared
- Roles stable
- Somewhat democratic discipline
- Change when demanded

Rigid
- Authoritarian leadership
- Roles seldom change
- Strict discipline
- Too little change

Levels of Cohesion:	**Disengaged**	**Separated**	**Connected**	**Enmeshed**
I - We Balance:	Primarily I	More I than we	More WE than I	Primarily WE
Closeness:	Little closeness	Low–moderate	Moderate–high	Very high closeness
Loyalty:	Lack of loyalty	Little loyalty	Some loyalty	High loyalty
Independence/ Dependence:	High independence	Interdependent (More independence than dependence)	Interdependent (More dependence than independence)	High dependence

☐ BALANCED

☐ MID-RANGE

■ UNBALANCED

BEST COPY AVAILABLE

nication skills range from poor to good and negative to positive. High levels of communication are considered optimal. Positive communication skills can facilitate the range of movement along the dimensions of cohesion and flexibility.

Family Type

Figure 3.1 illustrates how the four levels of cohesion and flexibility form a two-dimensional Circumplex Model, referred to as a Couple Map or Family Map when describing it to families. Based on a family's level of cohesion and flexibility, it is easy to determine a family "type." The Family Map depicts three main types of families: balanced, mid-range, and unbalanced (previously called extreme types). *Balanced* family types are identified by their moderate levels of cohesion and flexibility. *Unbalanced* (extreme) family types score either very high or very low on those dimensions. *Mid-range* family types score in the balanced range on one dimension, but the extreme range on the other dimension.

Numerous studies have shown that balanced family types function better in terms of managing stress, having a larger behavioral repertoire, and scoring higher on measures of couple and family satisfaction (Olson et al., 1989). Conversely, unbalanced family types have a limited behavioral repertoire from which to draw adaptive or cohesive resources. They tend to be characterized by "either/or" thinking, and either resist change or flip from one extreme of a dimension to the other (Killorin & Olson, 1984). For example, when a rigid family system is under stress, it may either increase the number of family rules (creating an even more rigid system) or eliminate all of their rules, thereby "flipping" to a chaotic family system. Similarly, an enmeshed family system may not comprehend the possibility of separateness in its togetherness. If it is confronted with its overinvolvement, it may simply cease to show any signs of emotional closeness, and thus become a disengaged family system.

Assessing Cohesion and Flexibility

There are two main methods for determining the levels of cohesion and flexibility, and subsequently the family type. One method is to have the family members complete a self-report questionnaire. The other method requires an observer, such as the counselor or intake interviewer, to rate the family using a rating scale. Ideally, when both methods are used in combination, a more complete family picture is obtained (Olson, 1990).

The first method for gaining information about family functioning utilizes the Family Adaptability and Cohesion Evaluation Scales (FACES). Family members from about 12 years and older complete this self-report questionnaire, which assesses each one's perceptions of their family's cohesion and flexibility. The latest version of FACES is currently being tested, and should be ready for distribution in 1994.[1] All versions of FACES are easy for the clinician or staff member to score, plot on the Circumplex Model, and interpret. In addition, when every family member completes FACES, each one's perceptions can then be plotted on the Circumplex Model so that they can see how similar or discrepant their views of the family are from each other.

The second method for assessing family functioning utilizes a clinician or rater who observes the family in interaction during an interview. The Clinical Rating Scale (CRS) contains descriptive guidelines that anchor the numerical ratings along each dimension. The rater then matches the observed family interaction to the best description to arrive at a global rating of the family unit for cohesion, flexibility, and communication (see Appendices A, B, and C). These three scores are then plotted on the Circumplex Model to arrive at a family type (Thomas & Olson, 1993).

Most clinicians find it helpful to use both methods of gathering information about a family. A knowledge of how family members see their family, combined with a more objective perspective of the family from an outside observer, provides a more comprehensive and rich assessment. A therapist needs to know where the family sees itself before an effective treatment plan can be formulated. However, the therapist's ratings provide a reference base to compare with the family's perspective. Rather than one source of data (family members or therapist) being more valid or correct than the other, both sources are useful for intervention purposes (Olson, 1990).

Contextual Issues

Assessing the levels of family cohesion and flexibility, and subsequent plotting of the information onto the Circumplex Model, are tangible methods in the assessment process, but they must be accomplished within a broader social context. Stepfamily assessment shares similar considerations to more traditional family assessment, but it also requires additional considerations, including the stage of the family life cycle and the composition of the stepfamily.

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[1] Inquiries about FACES and the Circumplex Model may be directed to Dr. David Olson, Family Social Science, University of MN, 290 McNeal Hall, St. Paul, MN 55108; (612) 625-7250.

Stage of the Family Life Cycle

One context to be examined when assessing families is the developmental perspective. At what stage in the family life cycle are they? Families with preschoolers and elementary aged children tend to score higher on cohesion and lower on flexibility than those families in later phases of the life cycle (Olson et al., 1989). There is some thought that adjustment for younger children in a stepfamily might be quicker because they are more likely to form an attachment with the stepparent and accept him or her in a parenting role (Brand, Clingempeel, & Bowen-Woodward, 1988; Hetherington, Cox, & Cox, 1985). Currently, plans are underway to research how stepfamiies tend to score on the Circumplex Model during different phases of the life cycle.

Carter and McGoldrick (1988) suggested three phases that one undergoes in the process of new family organization through remarriage. The first phase, entering the new relationship, requires an attitude of "emotional divorce" from the previous spouse. The second phase, conceptualizing and planning the new marriage and family, requires grappling with the following complex and ambiguous tasks: multiple new roles; indistinct boundaries of space, time, membership, and authority; and affective issues such as guilt, loyalty, and conflicts. The third phase, remarriage and reconstitution of the family, requires a resolution of the ideal "intact" family picture, and perhaps a recalibration of family boundaries to make them more permeable to former spouses and extended family members.

In terms of assessment with the Circumplex Model, an understanding of these three phases may help determine a therapist's point of intervention. If a stepfamily scores in the extreme ranges of cohesion and flexibility, the therapist may need to explore whether the developmental tasks from the first two phases were ever resolved. For example, extremely high scores on cohesion could suggest an attempt to create an "airtight" boundary around the new stepfamily, and consequently create problems for co-parenting issues, which in turn suggest unresolved tasks around conceptualizing/planning for the new family (second phase) or an inadequate emotional divorce (third phase). Extremely low scores on flexibility again suggest problems of the second phase in allowing for new and/or ambiguous roles.

This creating or redefining roles in the family can be a major source of stress and conflict, depending on the stepfamily's developmental phase as well as the stage in the family life cycle. When both partners bring children into the marriage—a situation sometimes described as a complex stepfamily—the stress levels are the highest (Schultz, Schultz, & Olson, 1991). Add one or more adolescents to this stress-laden context and the fuse seems set for a future eruption. Indeed, the stepfamily's presenting problem often revolves around the adolescent as the identified patient whose developmental task of forging a sense of autonomy is compounded when biological parents are not both physically present in the household.

The identity process is further complicated if remnants of hostility remain unresolved between former spouses (first phase problem). Is the adolescent forced to disengage from one parent in order to be loyal or cohesive with the other parent? Does one stepparent demand rigid adherence to the family rules, regardless of previous flexibility styles? In general, adolescents tend to see families as less cohesive and more rigid than their parents (Olson et al., 1989), and this may be exacerbated in the stepfamily. Thus, the stepfamily's developmental context is of prime consideration in the assessment process.

Composition of the Stepfamily

Another context to examine, unique to stepfamilies, is actual household composition. Are children present from her, from him, and/or from the new partnership? What are the custody arrangements in the family? Does the household configuration appear one way during the week, another way on weekends, and something else entirely during summer months of the year? In which constellation do the most conflicts or problems occur? Which is the unit that is presenting for counseling, and are any family members absent? It may be a necessary, but not sufficient unit that first approaches you.

Consequently, it is important that the family who is being assessed—through self-report and observation—is the unit to whom you have access therapeutically. At the very least, all family members must be clear and agree together about which family household they will be reporting; then they must complete the FACES questionnaire accordingly. This process alone distinguishes stepfamily assessment from more traditional assessment because the latter could conceivably complete forms prior to meeting the counselor. The stepfamily often requires an information-gleaning and consensing process even before assessment. For example, if the family includes two more children during the summer than during the school year, everyone must be clear about whether they are answering questionnaire items about the "summer family" or the "school year family." Thus, the household context is an important consideration.

Clinical Assessment and Feedback

At this point in the stepfamily assessment process, two main steps have been accomplished. First, the stepfamily's developmental stage and household composition have been appraised. Second, the family cohesion and flexibility levels have been measured by: (a) family members' self-report on the FACES questionnaire, and (b) the therapist's ratings on the CRS. The third step involves feedback to the family.

Before the stepfamily arrives for the feedback session, it is helpful to have plotted the scores of each member on a Circumplex Model. This graphic picture will highlight the discrepancies between members' perceptions of the family and will identify the therapist's assessment.

Teaching the Family the Circumplex Model

The next step is to teach the family what the scores indicate according to cohesion, flexibility, and family type. During the discussion with the family, the Circumplex Model can be personalized to their "Family Map." Helping the family to understand these concepts is valuable for many reasons. First, it actively involves the whole family in the therapeutic process. Second, it minimizes any mystery surrounding the procedure. Third, it teaches the family a framework for understanding itself and a language for sharing information with each other.

Once the family understands these concepts, it can better respond to the following contrasts. While looking at the Family Map (Circumplex Model), ask the adult partners what their style (or their functioning type) is as a couple without children. Typically, if the couple relationship has been formed a relatively short time ago, they tend to score as very connected or enmeshed and flexible (Balanced family type). How does their style as a couple differ from the family style?

Family Type Under Stress

Another contrast on which to focus is how the family ordinarily functions, versus how it functions when it's under stress. Stressful situations tend to elicit exaggerations of a family's style—sometimes moving the system into the unbalanced areas of the model. As in the example mentioned earlier, a rigidly enmeshed family may respond to stress by becoming more rigid and allowing even less individuality than usual. Or the response may be in the complete opposite direction—such as the rigidly enmeshed family that decides to throw out all the rules and allow each family member to fend for him- or herself, becoming a chaotically disengaged family type.

Assisting the family to think about how it functions during times of increased stress will provide a framework for both the family and the therapist. The family is likely experiencing increased stress, hence the visit to the clinician. When the family members are afforded the opportunity to examine and contrast their "normal" functioning style, they may understand their coping behaviors in a manner that is less personally threatening.

Former Family Type

One of the most important contrasts to explore is the family functioning style, or family type, that the various members experienced before this current family. The "ex" or former family styles should also be represented on the Circumplex Model. We assume that neither flexibility nor cohesion scores will be available for this "before" family. Nonetheless, as the "after" family increasingly understands itself via the Circumplex dimensions, it will be able to offer an informed opinion of how the previous family unit functioned. Those former family types—no matter how many—need to be plotted onto the Family Map. Such a "before" snapshot first provides a baseline for helping family members understand current dynamics, and then grounds their expectations for what "after" family functioning should resemble.

To illustrate, a spouse who has been married twice before may find that each family type tends to fall in the same quadrant. Alternatively, each family type may fall in a different extreme. The therapist may then explore similarities between the former family(ies) and the current one. What worked well in these former types? What did not? What were some of the behaviors or examples of situations that led the client to evaluate the former family at that particular location? What positive dynamics would the client want to carry over into the present family?

For example, if the former family represents a different extreme on the model, the therapist may use the contrast as an example of "either–or" thinking. However, if the former family type is in the same extreme as the current one, the therapist may emphasize patterns or themes that characterize both family types. This can be followed by brainstorming and generating examples of behavior and functioning that are in between the two extremes (more balanced).

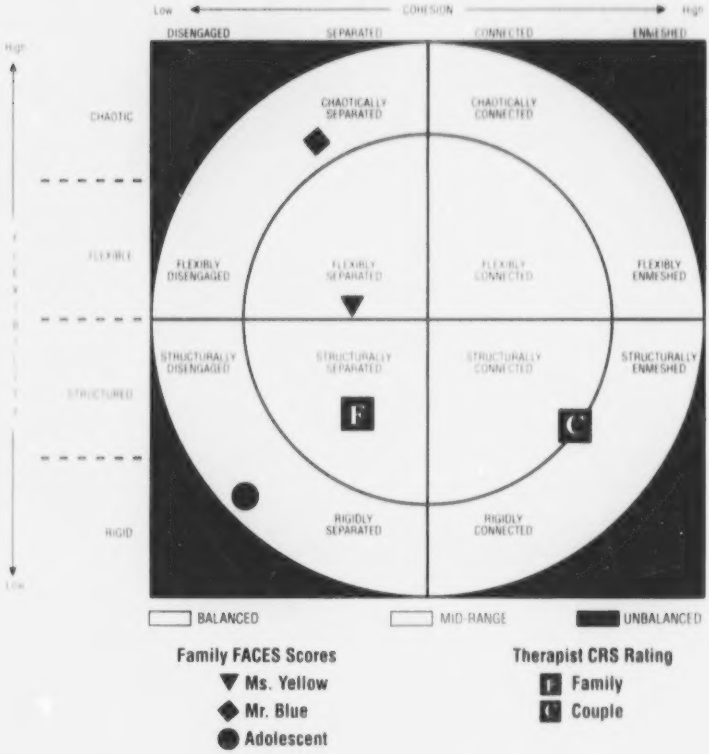
With a knowledge of each spouse's former family type(s), the therapist can help the stepfamily keep current problems in the present (vs. "gunnysacking" past liabilities into the new relationship). Also, everyone in the therapeutic relationship is now more alert to baggage from previous families. Children (and maybe spouses) are likely to test the patterns of the current stepfamily to see if the former "modus operandus" still applies. When the former style of functioning is named and explained, secrets and covert actions are more easily avoided. Parents and stepparents may then manage such times of testing more directly, and view it as a normal part of the process, rather than personalizing it.

Clinical Assessment of a Stepfamily

The following example illustrates the clinical application of the Circumplex Model to a stepfamily. Ms. Yellow has a 13-year-old daughter. Her previous or "before" relationship could be categorized as "flexibly separated." Mr. Blue has a son age 10 and a daughter age 8. His former family was classified as "structurally connected." Ms. Yellow and Mr. Blue married about 2 years ago, and combined their households because each parent has primary custody of the children. They came for counseling because Ms. Yellow's daughter "has become a problem at home and school" (see Fig. 3.2).

Both parents and the 13-year-old adolescent completed the FACES questionnaire based on their current family of 2 years, and the therapist evaluated the entire family of five on the CRS after her initial interview with them. Each perceived the current family style as follows:

Figure 3.2. Stepfamily on the Circumplex Model



Ms. Yellow	Flexibly separated (Balanced)
Mr. Blue	Chaotically separated (Mid-range)
Adolescent	Rigidly disengaged (Unbalanced)
Therapist	Rigidly separated (Mid-range)

These assessments reflect that Mr. Blue saw the family as out of control, the adolescent saw the family as too stifling, and Ms. Yellow saw the family as loosely connected in every way (see Fig. 3.2).

The therapist rated the family as "separated" for cohesion and "rigid" for flexibility, yielding a Mid-range family type. She considered the developmental and constellation contexts, which included an adolescent in one family unit who was beginning to establish her own identity and needed increased freedom. This developmental situation in the maternal household was added to a household unit of elementary aged children, whose lives were fairly methodical.

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The family therapist then spent some time teaching the Circumplex concepts—explaining their differing perceptions of the family, and graphically illustrating their positions on the Family Map. Once they understood the Family Map, they were able to describe their "before" family functioning style. She then asked about the couple's relational style, which they reported as structurally enmeshed. When the family is under stress, the mother–daughter dyad moves toward the chaotically disengaged range, whereas the father–children triad moves to the rigidly enmeshed range (see Fig. 3.2).

The therapist then highlighted on the Family Map that, as the adolescent moved toward greater freedom from the family, Mr. Blue felt increased stress and wanted to instigate tighter controls, which only resulted in more chaos because the rules were not respected. Ms. Yellow, feeling the increased stress from daughter and husband, reacted by emotionally distancing herself and disregarding previous household norms. Meanwhile, the two elementary aged children, exposed to the more flexible style of Ms. Yellow and daughter, began to experience less restriction and enjoy it more. Mr. Blue, feeling the family was losing all semblance of control, believed the answer was in more and stricter rules. Thus, the cycle was perpetuated.

This example of stepfamily assessment illustrates how the FACES and CRS are used to gather data about family functioning, how the information is subsequently integrated with contextual considerations, and how this information is shared with the family. The following case study further solidifies the application of the Circumplex Model to assess stepfamilies, and it illustrates how it can be used midway through the therapeutic process.

Systemic Therapy of a Stepfamily

Mrs. Taylor contacted our agency[2] for help regarding her 9-year-old stepdaughter, Tammi, who had moved into the Taylor household within the past month. Initially, Mrs. Taylor identified basic concerns about the stress on both Tammi and the rest of the family, which this change presented. Mrs. Taylor sought ways to smooth the adjustment, particularly to help Tammi follow her new family's rules.

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[2] Family and Children's Service of Minneapolis. Names and other identification have been altered to maintain confidentiality.

The complexity of this case began to suggest itself in the first meeting. Due to Mrs. Taylor's report that she and her husband lived with their children in the basement floor of her parents' home, she was asked to bring her parents and include them with the rest of the family in the next session. The interracial stepfamily constellation consisted of Mrs. Taylor and her parents, who are Caucasian; Mr. Taylor, who is African American; and Tammi, who is biracial like her three younger half-sisters, and whose birth parents never married. In considering the developmental context, it is important to note how Tammi (who turned 10 during our work with the family) brought preadolescent behaviors and emotions into a family that had been organized exclusively around preschool children.

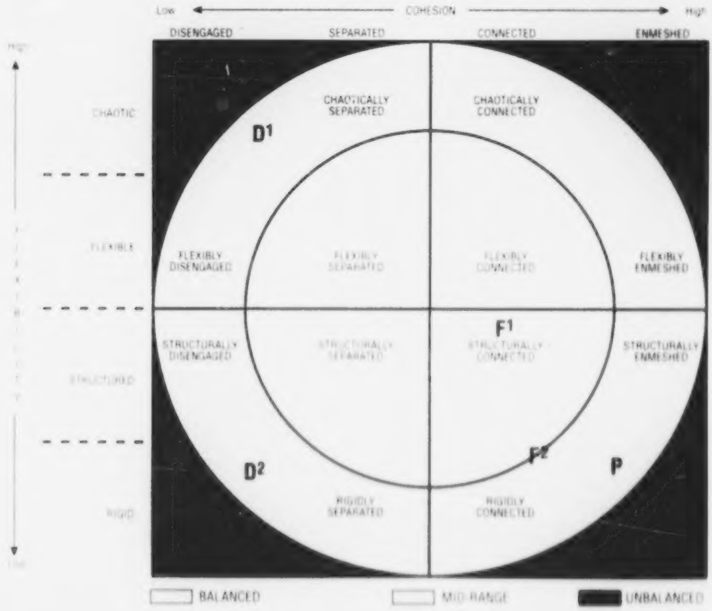
The Circumplex Model was used primarily as a conceptual map by the therapist during the assessment stage. The family did not complete FACES or in any way become introduced to the Circumplex Model at this point. Using the CRS subsequent to the initial interview, we (the co-therapists) evaluated the Taylor family as structurally connected (see Fig. 3.3). Mrs. Taylor's parents, who did not continue in the primary therapy, were assessed as having a more extreme style—tending toward rigidly enmeshed. Because the Taylor stepfamily shared the same house with these parents/grandparents, it was critical to formulate a sense of the elder couple's style, which provided a backdrop to the rest of the family functioning.

Another factor that complicated this case occurred prior to the initial interview. Tammi demonstrated some inappropriate touch ("kissing games") with her younger sisters. This, in addition to her report of genital irritation and soreness, prompted the Taylors to take Tammi for a medical examination. The results of the exam revealed that Tammi had some permanent scars, indicating she had been severely sexually abused in the past. When the Taylors contacted Tammi's mother, who lived over 1,000 miles away, she denied any possibility of such abuse occurring.

Mr. and Mrs. Taylor were justifiably concerned about the safety of their young daughters, given Tammi's history and recent incident of "bad touch." This concern manifested with a change in the family relational style—from structurally to rigidly connected (see Fig. 3.3). Rules, particularly those that applied to Tammi's behavior, were strengthened and strictly enforced.

Although the overall family system maintained a moderately high degree of cohesion, the impact of these rigid rules seemed to underscore Tammi's "differentness" and lack of membership

Figure 3.3. Circumplex Model and Treatment of a Stepfamily*



D1—Daughter's previous family
D2—Daughter currently
F1—Family currently
F2—Family under stress
P—Mrs. T's parents

* Family therapist ratings based on the Clinical Rating Scale

in the family—a position of being more rigidly disengaged (see Fig. 3.3). For example, Tammi had to sit at a "homework table" upstairs while the rest of the girls played downstairs. Mrs. Taylor's frustration over her stepdaughter's lack of "time management" increased dramatically as Tammi began to sit for hours and refuse to do her homework. The rigidity on both sides presented an unyielding standoff.

As therapists, we were able to show the family how Tammi was excluded from a connected sense of family cohesion. The Taylors expressed a strong desire to make Tammi a permanent part of their current family, and had begun to work with an attorney for permanent custody. While supporting this action, we gently drew out the parents' anger with Tammi for her defiant behaviors, and

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acknowledged their despair about how her inclusion into their family proved far more difficult than they had initially—and idealistically—imagined.

Clinical Intervention

In preparation for an intervention using the Circumplex Model, a great deal of time and activity had been put into stabilization of the situation. After months of legal activity, the Taylors were awarded temporary custody. Tammi had begun to acknowledge memories of sexual abuse. The Taylors made a plan to buy the house from Mrs. Taylor's parents, who were moving.

Despite such stabilization, Mr. and Mrs. Taylor seemed locked into an underlying inability to adapt to Tammi's presence in their family, rigidly viewing mild preadolescent behaviors as "out of control" acting out, despairing over Tammi's "lying" in order to avoid punishment, and so on. It was at this point that we introduced the Circumplex Model in a session with Mr. and Mrs. Taylor, creating a turning point in the therapeutic work.

The couple readily identified their family relational style as structurally connected. They agreed that this had developed during 5 years of marriage, and was enhanced by their strong values of closeness and clear rules in families. Mrs. Taylor was able to see how her family-of-origin style contributed to these relationship patterns.

We then asked the Taylors to find a place on the map for Tammi's "before" or other family (composed of the mother and grandparents she had bounced between for the first 9 years of her life). This was the setting in which she had been neglected and sexually abused. Mr. Taylor groaned as he identified a chaotically disengaged family style. Mrs. Taylor agreed, stating "it's off the chart."

By plotting this "ghost" or "before" family on the Circumplex Model, the Taylors were able to stop seeing Tammi as the problem. They began to recognize how Tammi, who rebelled against following rules, was responding to years without any rules or structure. By focusing on the Family Map, the Taylors gained some insight into their own behaviors. They nondefensively acknowledged how they had become increasingly rigid when Tammi rebelled. The plotting on the Circumplex Model helped them justify becoming somewhat more flexible in dealing with Tammi, as this would represent the true compromise of the family styles. We discussed their fear that loosening any rules might allow for sexually inappropriate behaviors, and we identified other ways to protect all their daughters from future abuse.

In subsequent weeks, Mrs. Taylor reported an incident in which Tammi had stubbornly refused to do her chores. Initially, the consequence of her refusal was to be the loss of accompanying the six oldest grandchildren to a motel with Mrs. Taylor's parents. Mrs. Taylor, although frustrated, remembered the need for flexibility. She maintained her own values for rules and parental leadership, and told Tammi that if she could show "some small improvement," and make any kind of effort over the next week, she could go with her stepgrandparents. Mrs. Taylor happily reported that Tammi had responded very positively. Further, the Taylors were able to see how slightly bending their rules was essential for bringing Tammi into a sense of family connectedness. Tammi, in turn, had not been forced to respond to their rigidity with her old patterns of chaotic behavior and disengagement.

As family therapy draws to a close, Tammi is participating in a short-term African-American self-esteem group. She has become active in sports and with her friends. Mrs. Taylor reports that her parents are now treating Tammi like she is their own granddaughter. Following the most recent court action, the family had a "Tammi's here to stay" party. The Taylors recognize that future developmental stages (Tammi's adolescence, the entry of the younger daughters into school, etc.) will further challenge their structured style of flexibility. As they anticipate this unknown territory, they assured us that they will be reminded of the Circumplex Model, and how it helped them see alternative styles of family functioning.

As in many family cases, this one unfolded as a far more complex situation than what presented during the first phone call. For us, as therapists, the Circumplex Model was useful in mapping the family during assessment, as well as conceptualizing potential changes that informed the treatment goals. In this case, however, the Model was particularly beneficial as an intervention when used with the parents after several months of treatment.

Conclusion

This chapter has discussed the use of the Circumplex Model in a three-step process: (a) consideration of the stepfamily's developmental and household(s) contexts, (b) measurement of family cohesion and flexibility by the family members (FACES) and the therapist (CRS), and (c) feedback to the family. The latter step includes instruction about Circumplex Model concepts and a series of four comparisons: current family style, couple style, style under stress, and former household style.

The Circumplex Model can be a useful method in the assessment of stepfamilies. Family therapists and researchers concur about the "user-friendly" nature of the Circumplex Model. Its simplicity effectively communicates to clients about their own family dynamics. When the three aforementioned steps using the Circumplex Model are implemented, there is optimal opportunity for the assessment to become an effective intervention, as the case study vividly portrayed. At the very least, it will provide a solid foundation for building specific treatment plans. Finally, the Circumplex Model is compatible with almost any style of family therapy—an advantage that is appreciated by therapists as they contemplate the complex nature of stepfamilies.

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Appendix A: Family Cohesion

	Disengaged	Separated	Connected	Enmeshed
Couple/Family Score	**1 2**	**3 4**	**5 6**	**7 8**
Emotional Bonding	Extreme emotional separateness Lack of loyalty	Emotional separateness Limited closeness Occasional family loyalty	Emotional closeness Some separateness Loyalty to family expected	Extreme emotional closeness Little separateness Loyalty to family demanded
Family Involvement	Very low involvement or interaction Infrequent affective responsiveness	Involvement acceptable Personal distance preferred Some affective responsiveness	Involvement emphasized Personal distance allowed Affective interactions encouraged and preferred	Very high involvement Fusion, overdependency High affective responsiveness and control
Marital Relationship	High emotional separateness Limited closeness	Emotional separateness Some closeness	Emotional closeness Some separateness	Extreme closeness, fusion Limited separateness
Parent–Child Relationship	Rigid generational boundaries Low p/c closeness	Clear generational boundaries Some p/c closeness	Clear generational boundaries High p/c closeness	Lack of generational boundaries Excessive p/c closeness
Internal Boundaries	**Separateness dominates**	**More separateness than togetherness**	**More togetherness than separateness**	**Togetherness dominates**
Time Physical and Emotional	Time apart maximized Rarely time together	Time alone important Some time together	Time together important Time alone permitted	Time together maximized Little time alone permitted
Space Physical and Emotional	Separate space needed and preferred	Separate space preferred Sharing of family space	Sharing family space Private space respected	Little private space permitted
Decision Making	Individual decision making (oppositional)	Individual decision making, but joint possible	Joint decisions preferred	Decisions subject to wishes of entire group
External Boundaries	**Mainly focused outside the family**	**More focused outside than inside family**	**More focused inside than outside family**	**Mainly focused inside the family**
Friends	Individual friends seen alone	Individual friendships seldom shared with family	Individual friendships shared with family	Family friends preferred Limited individual friends
Interests	Disparate interests	Separate interests	Some joint interests	Joint interests mandated
Activities	Mainly separate activities	More separate than shared activities	More shared than individual activities	Separate activities seen as disloyal
Global Cohesion Rating (1–8)	Very Low	Low to Moderate	Moderate to High	Very High

Appendix B: Family Flexibility

		Rigid	Structured	Flexible	Chaotic
Couple/Family Score		1 2	3 4	5 6	7 8
Leadership (Control)		Authoritarian leadership Parent(s) highly controlling	Primarily authoritarian, but some equalitarian leadership	Equalitarian leadership with fluid changes	Limited and/or erratic leadership Parental control unsuccessful Rebuffed
Discipline (For families only)		Autocratic "law & order" Strict, rigid consequences Not lenient	Somewhat democratic Predictable consequences Seldom lenient	Usually democratic Negotiated consequences Somewhat lenient	Laissez-faire and ineffective Inconsistent consequences Very lenient
Negotiation		Limited negotiations Decisions imposed by parents	Structured negotiations Decisions made by parents	Flexible negotiations Agreed on decisions	Endless negotiations Impulsive decisions
Roles		Limited repertoire Strictly defined roles Unchanging routines	Roles stable, but may be shared	Role sharing and making Fluid changes of roles	Lack of role clarity Role shifts and role reversals Few routines
Rules		Unchanging rules Rules strictly enforced	Few rule changes Rules firmly enforced	Some rule changes Rules flexibly enforced	Frequent rule changes Rules inconsistently enforced
Global Cohesion Rating (1–8)		Very Low	Low to Moderate	Moderate to High	Very High

The global rating is based on your overall evaluation, not a sum score of the subscale.

Appendix C: Family Communication

Low — Facilitating — High

Couple/Family Score		1 2	3 4	5 6
Listener's Skills Empathy Attentive Listening		Seldom evident Seldom evident	Sometimes evident Sometimes evident	Often evident Often evident
Speaker's Skills Speaking for self Speaking for others* *Note reverse scoring		Seldom evident **Often evident**	Sometimes evident **Sometimes evident**	Often evident **Seldom evident**
Self-disclosure		Infrequent discussion of self, feelings, and relationships	Some discussion of self, feelings, and relationships	Open discussion of self, feelings, and relationships
Clarity		Inconsistent and/or unclear verbal messages Frequent incongruences between verbal and nonverbal messages	Some degree of clarity, but not consistent across time or across all members Some incongruent messages	Verbal messages very clear Generally congruent messages
Continuity/tracking		Little continuity of content Irrelevant/distracting nonverbals and asides frequently occur Frequent/inappropriate topic changes	Some continuity, but not consistent across time or across all members Some irrelevant/distracting nonverbals and asides Topic changes not consistently appropriate	Members consistently tracking Few irrelevant/distracting nonverbals and asides Facilitative nonverbals Appropriate topic changes
Respect and regard		Lack of respect for feelings or message of other(s) Possibly overtly disrespectful or belittling attitude	Somewhat respectful of others, but not consistent across time or across all members Some incongruent messages	Consistently appears respectful of other's feelings and messages
Global Family Communication Rating (1-6)		**The global rating is based on your overall evaluation, not a sum score of the subscale.**		

PART II

CHILDREN AND ADOLESCENTS AS A SPECIAL CONSIDERATION

4

Children in Stepfamilies: Assessment and Treatment Issues

James H. Bray, PhD

The high rates of divorce, remarriage, and children born outside of marriage have led to a substantial number of American children living some part of their childhood in a stepfamily. There are over 4 million stepfamilies with minor children in the United States (Glick, 1989). In addition, it is estimated that between 33%–40% of all U.S. children will live in a stepfamily before they reach the age of 18 (Glick, 1988, 1989).

Recent surveys found that children from divorced families and stepfamilies have a higher risk of developing psychological problems and utilize mental health services more often than children from first-marriage families (Zill & Schoenborn, 1990). Given the added stress, changes, and complicated family makeup of remarried families, it is not surprising that children in stepfamilies may experience more psychological difficulties than children from other types of families. Thus, these demographic changes indicate that mental health professionals will be providing services to more children and families of divorce and remarriage in the future.

This chapter draws from our research in the Developmental Issues in Stepfamilies (DIS) Research Project on children's adjustment in stepfamilies. The DIS Research Project is a longitudinal study examining the effects of divorce and remarriage on children and their families (Bray, 1988b; Bray & Berger, 1993b). This research clearly indicates that the life experiences of children in stepfamilies are just one part of a process of family transitions that begin with the first marriage and progress through parental separation, divorce, life in a single-parent or binuclear family, and remarriage. These children often experience additional transitions that include a second separation, divorce, and many times a third remarriage because of the high divorce rate for second marriages.

Children's Adjustment in Stepfamilies

Children from divorced and remarried families have an increased risk for developing behavioral problems such as noncompliance, aggression, and substance abuse; more difficulties with social relations and social competency; and more internalizing problems, such as anxiety and depression, than children from first-marriage families (Amato & Keith, 1991; Bray & Hetherington, 1993; Hetherington, Arnett, & Hollier, 1988). However, the majority of children (i.e., 70%–80%) adjust to their parents' remarriage and generally function within a normal range (Zill & Schoenborn, 1990). There are gender differences in preadolescents' adjustment, with girls generally having a more difficult time adjusting to a parental remarriage than boys. However, it appears that both genders of adolescents respond to their custodial parent's remarriage with increased behavioral and psychological problems. These adjustment difficulties are primarily related to the stressful transition into a stepfamily, changes in family relationships, and changes in parenting practices (Bray, 1988a; Hetherington, 1987; Hetherington & Clingempeel, 1992).

Zill and Schoenborn's (1990) national survey provides important information on the incidence of children's psychosocial problems in different family structures. This study included a nationally representative sample of children and families to determine the occurrence of behavioral, emotional, and learning problems; developmental delays; and the use of mental health services by children from first-marriage families, divorced mother-headed families, and stepfamilies. Children in stepfather families had the highest incidence of behavioral and emotional problems, followed by children in mother custody families, and then children in first-marriage families. Interestingly, children in stepfather families had fewer developmental problems than children in first-marriage families or mother custody families. These findings suggest that children of divorce are more susceptible to some types of psychosocial problems, but less likely to experience others. Overall, children in stepfamilies were twice as likely as children in first-marriage families to have been in counseling or to have had a significant behavioral or emotional problem.

In the DIS Research Project, children's adjustment in stepfamilies varied with the length of remarriage and the age of the child (Bray, 1988b). Children, ages 6–8, in stepfamilies remarried for 6 months and adolescents, ages 11–14, in stepfamilies together for 5–7 years had more behavior problems and lower social competency than comparably aged children in first-marriage families. There were no differences in behavior problems for children in first-marriage families and children, ages 8.5–10.5, in stepfamilies remarried for 2.5 years. The behavior problems with the youngest children were related to the early stressful transition into a stepfamily, whereas the behavior problems of the 11 to 14-year-olds were related to the transition into adolescence, parenting problems, and unresolved issues from the initial divorce. However, all of the children in the DIS Research Project were from nonclinical families, therefore their increased levels of behavioral problems were generally within a normal range.

Children from stepfamilies may present for counseling for many reasons. The media's increased attention on divorce and remarriage has helped many stepfamilies deal with common problems through self-help, bibliotherapy, and support groups (Bray, 1993). Thus, mental health professionals are likely to encounter children with more difficult presenting problems. Stepfamily issues may not be considered as part of the initial presenting problem. Children may be brought for counseling because of conduct disorders, school problems, alcohol or drug abuse, sexual abuse, or as runaways, which are embedded in the stepfamily context. The link between stepfamily relationships and these presenting problems may not be readily apparent in the beginning. However, in most cases, the interactional patterns within the stepfamily create or contribute to the child's psychopathology, and solutions to these problems lie in understanding and changing stepfamily functioning.

Assessment and Treatment Issues for Children in Stepfamilies

Children who reside in stepfamilies present a special challenge for mental health professionals. In addition to the accurate assessment and diagnosis of the child's presenting symptomatology, it is essential to understand the unique and complex characteristics of the stepfamily. Failure to understand children's problems in the context of their stepfamilies could lead to failure in the therapy process (Visher & Visher, 1988). There are several key areas requiring assessment when children from stepfamilies enter counseling. These include an understanding of the family structure and context, parent and stepparent–child relationships, nonresidential parent–child relationships, loyalty issues, myths and unrealistic expectations, and sexuality issues.

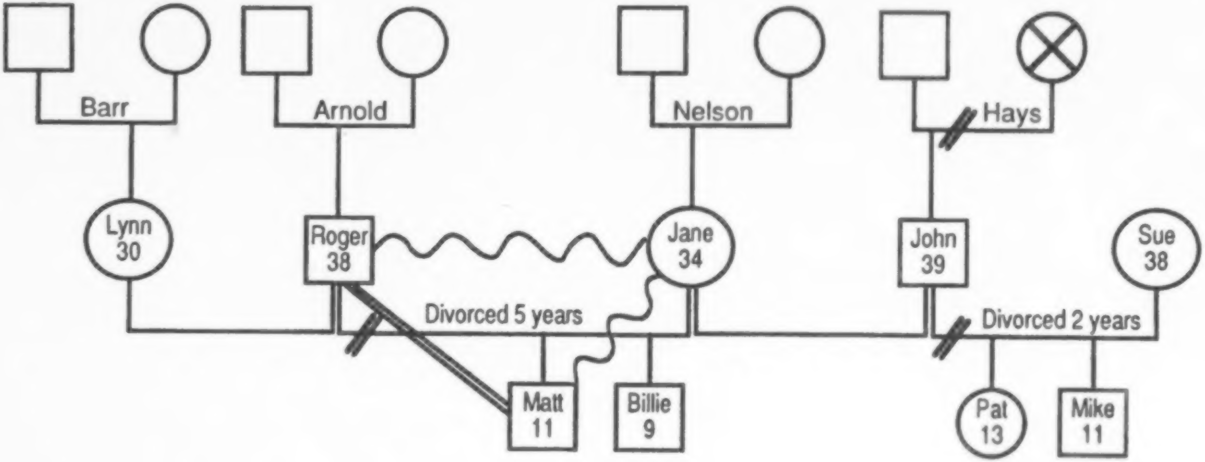
Genograms

A useful method for assessing children in stepfamilies and understanding the family context is to produce a genogram of the stepfamily system. There are several good references about genograms (e.g., McGoldrick & Gerson, 1985), and several authors have discussed and illustrated the application of genograms with stepfamilies (e.g., Sager et al., 1983; Visher & Visher, 1988). It is important to remember that stepfamilies are continually evolving and changing, and that the genogram is a dynamic, rather than a static, picture.

The following case illustrates the use of a genogram with children in stepfamilies. Jane and John Hays brought their (step)son, Matt, age 11, for counseling. The school suggested that Matt needed individual counseling because he was disruptive in class, his grades had significantly dropped, he had problems relating to his peers, and he was not responsive to school discipline or the counselor's group intervention. The school counselor thought that Matt was developing signs of a conduct disorder, and that Matt might be depressed. Previously, Matt was a good student, but had been a difficult child to manage for many years. Matt had previously been in individual therapy following his parent's divorce, however he was very negative about the experience, and both he and his mother did not feel that it was very helpful.

A genogram revealed that Matt lives in a complex stepfamily, in which there are two residential (step)children, Matt and Billie Arnold, from their mother's (Jane) first marriage (see Fig. 4.1). John Hays is the stepfather, and he has two nonresidential children, Pat and Mike, from his first marriage. Roger Arnold is the nonresidential father, whose second wife is Lynn. In addition, there are four sets of grandparents. The residential children, Matt and Billie, usually visit their father, Roger Arnold, on alternate weekends. Roger and Jane have a distant, but cordial relationship. John Hays' children,

Figure 4.1. School & Behavioral Problems



Pat and Mike, visit John on the same or alternate weekends. John has little interaction with Roger and has a conflictual relationship with his former spouse. Jane describes her son Matt as close to his father. She stated that Matt frequently acts "just like his father" when he acts out and argues with her. Jane indicated that she likes Roger's new wife, Lynn, and thinks that she is a good influence on Roger and the children.

John's parents live in another state and only see him a couple of times a year. The other sets of grandparents live in the same general area. The biological grandparents of Matt and Billie have good relationships and regularly visit with the children. Jane's parents are very involved with Matt and have attempted to help her deal with his problems. After Roger's remarriage, Lynn's parents attempted to get to know Roger's children and usually requested that his children accompany him when he visits.

After obtaining the family genogram, the therapist inquired about any recent changes in the family. The Hays have been married for about 8 months, but they lived together for about 2 years prior to marriage. Ms. Hays stated that the problems started about 6 months ago. The therapist inquired about the timing of Matt's problems in relation to her marriage. Ms. Hays stated that the marriage probably had little to do with Matt's problems because they had lived together "as a family" for several years prior to the marriage, and that Matt had similar problems in the past. In addition, Ms. Hays stated that Matt's father had started visiting less frequently, was behind on his child support, and complained to her about Matt's behavior. This had led to several heated conflicts between the biological parents, with the children present. After talking with Matt, it was apparent that he was upset about several family changes, including his mother's remarriage and his father's lack of visitation. Matt stated that "things had really changed" since his mother married John, and he felt that the reason his father did not visit him was because John was trying to replace his dad, and his mother interfered with his relationship with his father. Mr. and Ms. Hays were surprised to hear this from Matt.

As this genogram illustrates, a child's presenting problems are embedded in the stepfamily context and are highly influenced by changes in various family relationships. Unlike nuclear families, the stepfamily is also highly influenced by another adult or family, like the Arnolds, and thus has less control over its own family life. Genograms are useful to identify problem relationship patterns, particularly across family boundaries and generations of relationships. An analysis of this genogram suggests that possible areas of intervention include the nonresidential parent–child relationship, biological parent relationship, and grandparent–child relationships. Understanding Matt's problems in this context paints a different picture of his symptoms and possible interventions.

Parent- and Stepparent–Child Relationships

As illustrated earlier, parent–child relationships often change after a remarriage. There appears to be an initial disruption of the custodial parent–child relationship during the early months after remarriage, but this later improves and there are fewer differences between parent–child relationships in stepfamilies and first-marriage families (Bray & Berger, 1993b; Hetherington & Clingempeel, 1992; Hetherington, Cox, & Cox, 1982). The remarriage of the custodial mother is often more disruptive for preadolescent girls, and is related to an increase in girls' behavior problems. Following divorce, school age girls often develop close relationships with their mothers, whereas boys develop more distant and conflicted maternal relationships (Hetherington et al., 1982). The remarriage of the mother interferes and disrupts this close bond between mother and daughter. For boys, the remarriage of the mother is usually a neutral or positive event because the boy has a male adult to relate to in the family. There are fewer gender differences in parent–child relationships for adolescents in stepfamilies.

The stepparent–child relationship is characterized by more distance, conflict, and negativity than biological parent–child relationships, and these differences often persist for many years following the remarriage (Anderson & White, 1986; Bray & Berger, 1993b; Hetherington, 1987; Hetherington & Clingempeel, 1992; Santrock, Warshak, Lindberg, & Meadows, 1982). This type of relationship seems to be the norm for stepparents and children. Stepparent–child relationships may also change after the remarriage because both adults and children begin to view family members differently, and new overt and covert expectations come into play (Sager et al., 1983). Matt's experience that John was attempting to replace his father and the increased conflict between biological parents are good examples of these types of changes. Further, in many stepfamilies in therapy, there is a dysfunctional coalition between custodial parent and child, in which the stepparent is excluded or triangled (Anderson & White, 1986; Bray, 1992).

Many stepparents desire a close relationship with their stepchildren and expect that this closeness will develop quickly. However, it is important for stepparents to allow sufficient time for the relationship to develop, which often takes several years, rather than months. The expectation for instant love between stepparent and children is unrealistic and may create undue strain and conflict in the relationship, and this is especially true for adolescents. It also appears that even if the stepparent has lived with or known the children prior to the marriage, as in the case of Matt and John, it still takes time to develop this relationship because the children view the new stepparent differently after the marriage.

Assessment of these relationships is a key aspect in understanding the child's problems because children frequently develop behavioral problems in response to changes in these relationships, as did Matt. Children frequently want to know if the stepparent is going to replace their nonresidential parent, what might happen to them if their custodial parent died or left, or what the stepparent can do with and for them. Reframing conflicts as part of the "normal" developmental process of forming a stepfamily can decrease problems and promote better relationships. Normalizing conflicts and exploring unrealistic expectations of family members can facilitate the child's adjustment and promote the stepparent–child relationship.

Nonresidential Parent–Child Relationships

The role of nonresidential parents varies considerably, depending on their role prior to the remarriage. Most nonresidential parents are fathers because 85%–90% of mothers retain custody of the children following divorce (Glick, 1988). Thus, this discussion focuses on nonresidential fathers, but also applies to nonresidential mothers. Unfortunately, many nonresidential parents, especially fathers, decrease or terminate involvement with their children after the divorce, and this decreases further after the remarriage of the custodial parent (Depner & Bray, 1993). The children may respond to changes in this relationship with increased behavioral problems or withdrawal and depression, as illustrated by Matt's behavior. In some cases, the increased child-related problems may serve to re-involve the nonresidential parent in the family.

If the nonresidential father has an active relationship with the children, as with the Arnolds, he and his family will need to be integrated into the stepfamily system. If there is little involvement prior to the remarriage, less integration is usually necessary. However, nonresidential parent–child relationships change over time, and the remarriage may stimulate the father's re-involvement with the children (Bray & Berger, 1993a). Frequently this re-involvement is due to competition with the stepparent, or because, after a remarriage, the custodial parent is more likely to take legal actions against the father for delinquent child support payments. The legal action often brings the father back into contact with the family, and he may demand visitation with the children even if he has had little or no contact with them. Likewise, in cases where there is limited or infrequent contact between the nonresidential father and children, the children often keep the father "alive" and part of the family through their fantasies and memories of this parent. It may be useful to contact the nonresidential parent to hear his or her view of the child's problems and their relationship. This can set the stage for involving the nonresidential parent in therapy, and resolving problems in these relationships. During adolescence, involvement of the nonresidential father may be even more important to help the teen deal with identity development.

Loyalty Issues

Children experience multiple loyalty conflicts after the breakup of their biological family and parents' remarriage. The loyalty conflicts stem from the children's bond and attachment to each parent (Bray, 1991). Because of the conflict between parents after divorce or remarriage, children are pulled, both overtly and covertly, to take sides with one parent. The conflict between Matt's biological parents and his perception that his stepfather was trying to replace his biological father stimulated his concerns about loyalty to his biological father and contributed to his distress. Loyalty conflicts are more common for school age children and adolescents. School age children usually have fewer psychological resources with which to handle loyalty conflicts, and they also have a more difficult time viewing a parent as both "good and bad" because of their developmental stage (Bray, 1991). Adolescents also experience distress over loyalty conflicts, but have more psychological resources to handle these situations, and can understand that their parents have both positive and negative qualities. Adolescents are also capable of holding separate opinions from their parents and thus, for example, differentiate their mother's anger toward their father from their own relationship with each parent.

Loyalty conflicts place undue stress on the children and can result in social or psychological disturbances. Children may express their loyalty conflicts in many forms, such as increased behavioral problems, withdrawal or depression, or disruptions in parent or stepparent–child relationships. Reframing their behavior problems as an expression of their loyalty conflict can be a useful intervention (Bray, 1994). Many children withdraw or develop conflicts with their stepparent following a visit with their nonresidential parent. This is often due to loyalty conflicts for the children, rather than active interference by the nonresidential parent. Most loyalty conflicts are covert, and assessment requires careful interviewing because there are no available tests to assess loyalty conflicts. Educating parents about these loyalty conflicts is a useful intervention to reduce negative attributions about the children's behavior.

Myths and Unrealistic Expectations

Myths and unrealistic expectations are copious, but usually destructive processes in stepfamilies. Because of the prevailing social myths and stories, like the "wicked stepparent," family members—and particularly children—often enter a remarriage with fears and anxieties that are unconsciously reinforced by our descriptions and names for stepfamilies. These images and fantasies usually develop at an early age as children are exposed to popular fables, books, television stories, and movies. The names used for various families and the language employed to describe relationships also convey expectations for children and family members (Bray & Berger, 1992). The term *stepchild* or *stepparent* still has a negative or pejorative connotation to it, despite the large number of stepfamilies (Coleman & Ganong, 1990). In addition, referring to the biological parents as *natural* parents implies that stepparents are somehow *unnatural* parents, or calling first-marriage families *regular* or *normal* families implies that stepfamilies are *irregular* or *abnormal*. It is important to consider these negative overtones and implications and the impact they may have on the therapy process and life in a stepfamily.

Children and adults often hold unrealistic expectations about life in a stepfamily (Visher & Visher, 1988). Common problem-generating expectations include the myth of instant love between children and stepparents, the nuclear family myth of trying to mold a stepfamily into a first-marriage family, the view that trying harder will eliminate the potential of a "wicked" stepparent, and stepparents should love and care for stepchildren just like their biological children. Assessment of both adult and child expectations for relationships in stepfamilies is useful in uncovering unrealistic expectations. This is illustrated in Jane Hays' expectation that there would be no change in family relationships after the remarriage, and Matt's view that his stepfather's increased involvement was an attempt to replace his biological father. Helping family members replace unrealistic expectations with more realistic perspectives is a useful process in resolving stepfamily problems.

Sexuality Issues and Sexual Abuse

Sexuality is often a difficult topic for discussion in many families, and it presents special issues in stepfamilies (Bray & Berger, 1992). Because of the lack of biological connection between a stepparent and stepchild, and the lowered incest taboo, children in stepfamilies are at greater risk for sexual abuse (Finkelhor, 1984). Girls are more likely to be sexually abused by a stepfather than by a biological father. In addition, sexual abuse is also more likely to occur by steprelatives (e.g., uncles, stepgrandparents) or stepsiblings. Thus, living in a stepfamily is a risk factor for child sexual abuse, and it is important for clinicians to be vigilant for warning signs of abuse. Open discussion of boundaries between children and adults and appropriate dress codes in the home may help to prevent sexual abuse.

At a different level, intimacy or emotional closeness may get confused with sexuality or sexual advances in stepfamilies (Bray & Berger, 1992). This confusion interferes with the development of bonding and closeness between stepparents and stepchildren. Stepparents are often unclear about what kinds of affection and bonding are appropriate because there is a general lack of socially defined roles for stepparents. Further, common kinds of physical affection, such as hugs or caresses, are avoided by a stepfather because of his concern about being accused of sexually molesting his stepchildren. Thus, the stepfather may appear cold or distant. By openly discussing these issues and differentiating them, stepparents may feel more comfortable in forming closer relationships with their stepchildren.

Summary and Conclusions

Most children who live in a stepfamily do not develop psychological, social, or learning problems. However, the multiple family transitions due to separation, divorce, and remarriage place children in stepfamilies at increased risk for developing psychological disturbances that require counseling and psychotherapy. The accurate assessment of children who present for counseling requires a thorough understanding of their presenting problems and an assessment of their family context and unique stepfamily issues that impact their individual functioning. The relevant family context includes the residential stepfamily, the nonresidential parent's family, and potentially extended family and quasikin relationships as well. This chapter reviewed some of the key areas to assess in stepfamilies, but this review is by no means exhaustive. Other central issues include parenting problems, marital issues that impact children, interparental conflict due to unresolved issues from the previous marriage and divorce, problems between stepsiblings, and many others (Bray, 1994; Bray & Berger, 1992; Sager et al., 1983; Visher & Visher, 1988). Clinicians are referred to these sources for additional information about stepfamily functioning, relationships, and intervention strategies. Finally, an effective way to ensure that the counseling will fail is to ignore the stepfamily system and the multiple and complex issues that are unique to children who live in stepfamilies.

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5

Critical Interactive Events and Child Adjustment in the Stepfamily: A Linked Family System

Doris S. Jacobson, PhD

There has been much discussion in professional journals about whether we are experiencing the decline of the American family. The remarriage rate belies this, suggesting that although there is an inability on the part of an increasing number of people to achieve satisfaction the first time around, a second attempt is often undertaken. Many who remarry have children from a prior marriage, and thus are custodial and/or noncustodial parents. It is estimated that one child in five under age 18 is a stepchild, and that by the year 2000 this type of family may actually outnumber all other kinds of American families (Glick, 1984; Glick & Lin, 1986). Thus, the stepfamily has emerged in large enough numbers to be considered one of several types of families that are part of contemporary American social structure—a variant, not a deviant, form of family life. This family form includes new configurations of interaction, including an increased number of diadic and triadic relationships. Children

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and adults must potentially relate to those in two households—adjustments that can involve a kind of "culture shock." As individuals find themselves faced with this new reality, complicated, yet basic questions are raised, such as "What is a family?" A survey of literature indicates that the number of empirical studies on the stepfamily is limited. Research has not kept pace with the changing American family, and there is a need for new conceptualization for this increasingly important family form, as well as for further empirical study (Ganong & Coleman, 1984, 1986).

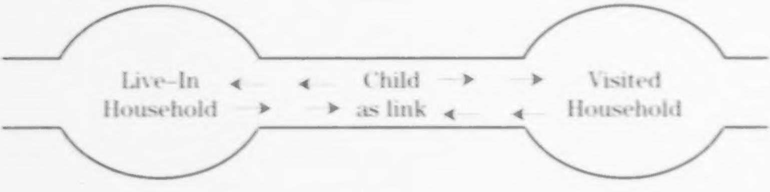
This chapter is divided into two parts. First, a presentation of a new conceptualization of the stepfamily as a "linked family system" is offered. A typology of linked family systems, in which the types of family to which a child of divorce and remarriage can belong, is presented. Second, selected findings from a major study on stepfamily interaction and child adjustment are reported, with attention given to the behavior of children as related to the types of family structure identified in the typology, which includes the two families to which each child relates: the live-in and the visited.

The Stepfamily as a Linked Family System

With the changing characteristics of families, related in large part to those creating and breaking up family forms, a new conceptualization is needed for stepfamilies—one not tied to conventional terms such as *nuclear, intact*, or *broken*. Concepts that reflect the web of interrelationships and the dynamic complexity of the new phenomena are needed. This is important for the development of theory, practice, program planning, policy, and research. To meet this need, the term *stepfamily* is defined differently in this chapter from the definition found in most professional and popular literature. Ordinarily, the term *stepfamily* refers to the custodial household only. This is the household in which the child lives with a custodial remarried parent and his or her spouse, most commonly characterized by a biological mother and a stepfather. This limited definition is the one upon which most statistics are available and on which much research is based.

The new definition presented here is different; it gives attention, in each instance, to the two households to which a child of divorce and remarriage relates: the custodial household (live-in) and the noncustodial household (visited). This new concept of stepfamily is referred to as a "linked family system" (LFS). In it, the child is seen as related to both households, each of which is viewed as a subsystem of a dual-household conceptualization. People in both households are seen as part of the child's environment. The child is viewed as the "link," influencing and being influenced by those in both households. Much of this communication is about or through the child. However, communication may be about other matters, such as the ongoing attachment and/or hostility between the parents, who are former spouses. The child may be integrated into the family life of those in the live-in household, those in the visited household, and those in both or neither of the households. Figure 5.1 illustrates the child as part of a linked family system.

Figure 5.1. Child's Role in Linked Family System



In this diagram, the circles represent the two households, and the passageway reflects the child as link, who—by foot, bicycle, car, bus, and plane—moves back and forth between them. This conceptualization reflects the reality of the child's environment in the stepfamily in a way addressed in few other research efforts. The figure is simplified for the purposes of research, in that it focuses on only one child in each linked family system (LFS).

Once defined as an LFS, stepfamily structures need to be described. A typology of the major LFS types to which a child of divorce and remarriage can potentially belong has been articulated by this author in Fig. 5.2.

In this figure, column headings reflect structures of the custodial family, and row headings reflect the noncustodial family. The empty cells represent the six possible LFS family types to which a child of divorce and remarriage can belong—three in which the child lives with a mother, and three in which the child lives with a father. The numbers in these cells refer to family types in this study, and will be referred to in the next section of this chapter. The cells with lines through them reflect LFSs that are not part of this typology because both parents have remained single. Although these are also dual family systems for the child, there is no stepparent in either household, therefore no stepfamily.

Figure 5.2. Typology of Linked Family Systems (Stepfamilies)
Visited Family

Home-based Family	Biological Mother	Biological Mother and Stepfather	Biological Father	Biological Father and Stepmother
Biological Mother	▨	▨	╲	1
Biological Mother and Stepfather	▨	▨	3	2
Biological Father	╲	6	▨	▨
Biological Father and Stepmother	4	5	▨	▨

In regard to stepfamilies as linked family systems, there are three possible types in which a child lives with a mother, and three possible types in which a child lives with the father. The three types in which a child lives with a mother are:

Family Type 1:	Child lives with a single mother and visits a remarried father.
Family Type 2:	Child lives with a remarried mother and visits a remarried father. In this instance the child has two stepparents: one in the live-in household, and one in the visited household.
Family Type 3:	Child lives with a remarried mother and visits a single father.

There are three parallel types in which a child lives with a father: Types 4, 5, and 6.

Testing the Model

The research that is presented is exploratory; it should not be viewed as hypothesis testing, but rather on the order of model development. The LFS typology developed for this study provided guidelines for research on stepfamily interaction by proposing a more inclusive conceptualization of stepfamily life. In general, it incorporates the idea of multiple-role incumbents with whom the child interacts, and expands possibilities for attention to intra- and interstepfamily interaction. Therefore, it takes into account a greater variety and complexity of interaction than the traditional definition of *stepfamilies* can include. One thesis that underlies this perspective is that variation in contemporary family life is not adequately represented by simple dichotomies (intact vs. other, one-parent vs. two-parent families) found in much of the literature. In fact, there may be as much variation within these so-called nontraditional families as there is between them and the more traditional family type. If so, social research requires a model or models that more appropriately reflect the social reality. Of particular importance is the view questioning whether children's behavior can be understood in relation to the dichotomies mentioned earlier. It seems reasonable to suppose that children's behavior is influenced by a host of factors, and especially by the nature and quality of interactions among the expanded number of significant persons, including the parent and parent figures in the two households with which they interact. The typology proposed suggests many dimensions along which stepfamilies may vary (i.e., number of adults in parenting roles, visiting arrangements, conflicts between adults in the two households, the child's experience in each of the households). Thus, another major assumption of this research is that children's behavior in stepfamilies can best be explained by paying attention to dynamic variables, rather than static demographic classifications.

A review of empirical studies of children who have experienced parental divorce and remarriage indicates that few clear and unambiguous conclusions can be drawn from existing research. Often there is the underlying assumption that stepchildren are in a disadvantaged position—an assumption not necessarily warranted. Investigations using alternative frames of reference are needed, including those that examine factors that contribute to the well-being of children who live in different family structures, such as children who live with the father and visit the mother as well as others (Ganong & Coleman, 1984, 1986). Finally, few researchers have reported data on the experiences of stepchildren with those in both of the two households—custodial and noncustodial—to which they relate. This study addresses some of these issues, and attempts to fill in some of the identified gaps in knowledge.

The Study

The overall objectives of the study were to make a contribution to understanding interactions in stepfamilies defined as LFS, with particular attention to the well-being of children. Therefore, the objectives have been to: (a) contribute to the development of basic information about the structure and functioning of the stepfamily, and (b) to advance current understanding of the well-being of stepchildren. The first objective was pursued by developing a typology of stepfamily structures, which included both households to which the child relates. The second objective was pursued by investigating the relationship of selected independent variables to the dependent variable—children's behavior. In regard to that, this chapter examines the relationships among critical interactive parent–child and stepparent–child events, and children's behavior. Pursuant to this aim, the study collected self-reports of critical interactive events (CIEs) from parents and stepparents in each of the two households to which a stepchild relates. A CIE is a self-report of a specific interaction in the recent past—between the adult informant and the child—that distressed the speaker, and the intensity of feeling associated with that event. Findings from the study regarding family structure and children's behavior, and time spent in visiting the noncustodial parent and children's behavior, have been reported previously (Jacobson, 1987).

Methodology

Sample Selection

The sample consists of 176 children and the parents and stepparents in their linked family systems: 50 in Type 1, 51 in Type 2, 42 in Type 3, and 33 in Type 4. This includes children in all three mother custody linked family system types (Types 1, 2, 3) and in one father custody family type. Only one of the three possible father custody family types (Type 4) was chosen because of anticipated difficulty in recruitment, which was borne out in the recruitment process. It is estimated that 10% of children of divorce live with their fathers (Glick, 1984). The original goal was to have 40 of each family type, with the focal children stratified by sex and age. They were chosen sequentially as those with qualifications for inclusion were identified. The goal was possible for all mother custody family types. The father custody family type chosen (child lives with remarried father and visits mother) was that which occurred most frequently in the recruitment process. In all, interviews were held with 176 children, their 352 parents and 227 stepparents, in 352 households. All interviews were held in the homes.

The sample was recruited primarily from the marriage records of the Los Angeles Superior Court. Records were scanned by the "court team," and 49,203 records were scanned. Of these, 5,828 were identified as potential informants, and 32% (1,879) were actually located by the "telephone team." Of those, 34% (645) qualified.

Fifty-seven percent (370) of those in the first family of the linked family system contacted agreed to participate. Forty-four percent (288) of those in both families agreed to participate (i.e., 12.7% of those recruited were lost because the second family refused to be part of the study). Of those who qualified and agreed to participate, some were used for pretest interviews and for training interviewers. Some families no longer qualified by the time the research interview was to be arranged (i.e., they had moved out of the area, the child's living situation had changed, the remarried couple had separated or divorced). The complexity of identifying a sample that includes the participation of so many members of each linked family system is clear. This anticipated difficulty in recruitment, arranging for interviews, and complexity of data analysis were reasons for limiting the sample to a focal child in each linked family system. However, data were collected on the number of biological siblings, stepsiblings, and half siblings in each of the two households.

Criteria for inclusion were as follows: (a) at least one marital partner had a previous marriage that ended in divorce, (b) at least one child existed from that marriage, ages 8–17, (c) both marital partners have at least a high school education, (d) both parents of the child live within a 150-mile radius of Los Angeles to make face-to-face-interviews possible, (e) both parents not be minority, (f) that the child have been "in place" (i.e., in the same living situation) for at least 1 year prior to interview in order to focus on children in stable situations, (g) that the child has seen his or her noncustodial parent at least once in the year prior to interview to assure—however minimal—some contact of the child with the noncustodial parent and therefore the existence of linked family system, and (h) that in each instance the parents and stepparents in both of the households to which the child related, and the child, agree to participate in the study.

Although this is a community sample, findings cannot be generalized to the total population of stepfamilies. It focused on middle-class families from the general population—families in which there was some interface between those in the two households in the year prior to interview. It focused on those who live relatively close to each other, and in which the child's living situation was stable. It included only those families in which the child, parents, and stepparents agreed to participate, suggesting some involvement of both divorced parents with their children. There is no way to know in what ways those not located or those who refused to participate are like and different from the actual sample.

Data Collection

Data collection was carried out by 10 mental health professionals, all of whom had master's degrees in social work or psychology, and several years of clinical experience. Data collection took place over 1 year in face-to-face interviews in homes. Interviewers received 2 days of formal training in the administration of specific instruments, including content and response codes. Throughout data collection, interviewers met as a group weekly with the project staff to (a) receive assignments, (b) log in data, and (c) discuss to ensure the adequacy and reliability of data. Interview time took about 2.5 hours with parents, 1.5 hours with stepparents, 1 hour with children. Because this is a cross-sectional study, those in the two households of an LFS were interviewed as close in time as possible. Eighty one percent were interviewed within 1 month of each other, and the others within 2 months. Special issues emerged in the strategy of data collection for this population. Because interviewing was in a sensitive area, each household within a family was assigned to a separate interviewer to maximize objectivity and to reassure the informant about confidentiality. Among the issues that came up in interviews was the pressure by informants to discuss material not required for the study. Impressionistically, parents wanted to talk more about relationships with former spouses, stepparents wanted to talk about unexpected difficulties in dealing with custodial and noncustodial stepchildren and the relationship with their current spouses, and children wanted to talk about the difficulty in relating to parents and stepparents in two households.

The Instruments

A variety of instruments were used to obtain information. Three measures of the independent predictor variables developed by this author are: The Family Structure Form (FSF), the Time Spent Form

(TSF), and the Critical Interactive Event Form (CIE). The dependent variable—the children's behavior—was measured by the Achenbach Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1979). Those relevant to this chapter are the CBCL and the CIE. The CBCL was designed to obtain, in structured format, reports of social competence and problem behaviors in children ages 4–16. The behavior problem section of the CBCL consists of 118 items intended to provide broad, nonredundant behaviors of the child at the time of interview or in the recent past with a minimum of inference. It was administered at the time of the interview in the presence of the interviewer.

Standardized scores are available for normal and clinical populations. This study carried out analyses using the standardized scores of the CBC for each sex, and for two age groups that are part of the study. The scores include a total problem score and two scores that the instrument generates, which are broad band subscales of the total problem score: externalizing and internalizing. The broad band scales indicate a distinction between antisocial behavior and fearful and inhibited, overcontrolled behavior. The CBCL was administered to both parents and all stepparents (one or two) in each LFS. The correlation between the mothers' and fathers' reports of the behavior of the focal child on the CBCL was significant ($r = .37$), but not high enough to consider averaging. Therefore, analysis of children's behavior is based on the report of the live-in biological parent, and standardized against the scores for the normal population. Whether the report of the live-in mother in mother custody families is comparable to that of the live-in father in father custody families is a limitation of this approach. There are, of course, assets and liabilities to the use of self-report measures in general, and as related to child behavior. On the one hand, there is the potential bias of the informant; on the other hand, the importance of the parental observations is crucial. The CBCL was used because there are adequate reports of normative scores available by age and sex for both general and clinical populations.

The Critical Interactive Event Schedule (CIE) was used to collect information about salient stepfamily interactions. For these semistructured schedules, adults were asked to report on highly salient stepfamily interactive events that had occurred between the adult parent and the child, and the stepparent and the child within 1 month prior to the interview. It involved a report on a specific interaction and the intensity of feelings of distress (i.e., feelings of hurt, discomfort, sadness, anger) experienced by the informant at the time. Questions about the event included: the event itself, and what led up to it; who else was involved; feelings of the informant when it occurred; and the intensity of feeling for the informant at the time the event occurred on a scale of 1–5, with 1 being low and 5 being high. The CIE was administered orally in the face-to-face interviews to each parent and stepparent in the custodial, and to the noncustodial household of each child.

Data Analysis

Throughout the study, the procedures for analyzing the findings were as follows. Analysis of variance (ANOVA) was used to test for the effect of structural variables (age, sex, and, when appropriate, family type) and the dependent variable CBCL. The Duncan Multiple Range Test was used to test for the pattern of main effect significance. Pearson Correlations, when appropriate, tested for the relationship between independent and dependent variables. Findings for a number of areas can be found in a previous publication (Jacobson, 1987). The independent variable in this chapter is the score generated from the self-reported intensity of feeling experienced by the informant at the time of the event by each parent and stepparent. The sum of the intensity scores for all parents and stepparents in each LFS was added and divided by the number of parents and stepparents reporting (3 or 4, depending on family type). This generated one *global emotion* score for each LFS, reflecting, in this author's view, the cumulative stressful feelings that emanated to the child from adults in the two households during a time-limited period. It was hypothesized that this cumulative family measure would correlate significantly with the scores on the CBCL (i.e., the higher the global emotion score, the higher the social problem score). That is, the child's behavior would reflect the intensity of feeling to which he or she had been exposed from parents and stepparents in the recent past.

ANOVA of global emotion and structural variables (age and sex of the child and family type) revealed that global emotion varied by age [$F(1,160) = 7.2, p < .01$]. A significantly higher intensity of feeling was reported in events concerning older over younger children. There was a significant relationship by sex of the child or family type. There was a significant relationship between global emotion and the CBCL. This was found for CBCL-TOT ($r = .30, p < .001$) and externalizing ($r = .28, p < .001$). The higher the global emotion score, the higher the CBCL score.

Examination of the global emotion and children's behavior by family types revealed that the strongest correlations were in family

Type 1 (child lives with single mother and visits remarried father) and Type 4 (child lives with remarried father and visits single mother). In Type 1, there was a significant relationship between global emotion and children's behavior ($r = .40$, $p < .01$), and there was a significant relationship between internalizing and children's behavior ($r = .39$, $p < .01$). For Type 4, there was a significant relationship between internalizing and children's behavior ($r = .39$, $p < .05$). In both instances, children's behavior was related to internalizing, suggesting that a child may be responding with withdrawn behavior to a high intensity of feelings from adults in the two households.

A stepwise regression analysis was carried out, which included 12 variables identified in the original study questions. At Step 18, the last one of this regression analysis, one variable remained in the equation as a significant predictor—global emotion. The higher the global emotion score, the higher the CBCL score. This variable explains a significant amount (8.6%) of the variance [multiple $R = .30$, $F(1,174) = 7.5$, $p < .01$].

To illustrate global emotion, the following is a disguised composite family in which all adult members of the LFS family reported a high intensity of feeling associated with the CIE. In a few instances, all family members reported on the same event, illustrating how the same situation was difficult for the child, parent, and stepparent, and how it impacted their lives. This provided a Rashomon perspective, which made clear that each saw the same situation through different lenses in this situation, in which Mary lives with her remarried father and visits her mother (family Type 4).

> Mary, age 9, reported that she was flunking a course in school. She was afraid to tell her stepmother when she got home because she knew she would be mad. She was sent to her room.
>
> Live-in stepmother reported that she sent Mary to her room to wait for her father; privileges were taken away. She tells the interviewer she is overwhelmed, pregnant, and cannot handle Mary anymore. It is too much. Mary's father works a lot and has left it all to her. No more. This is his responsibility.
>
> Live-in father reports that when he came home later, he spanked Mary. He told her he works two jobs and is tired. Her job is school and she is not doing her fair share. He tells her maybe she should live with her mother. He describes to the interviewer his anger with Mary, with his former wife for not helping out, and his current wife for pulling out. He is worried about his marriage.
>
> In response to this situation, Mary talks to her mother, who reports that she told Mary, when asked, that she cannot live with her. Mother tells the interviewer that she is much more limited financially than Mary's father. She has always had trouble in handling Mary

alone. She has a boyfriend whose job takes him out of town. She has to plan carefully to be with him, and to have a life of her own.

This vignette illustrates the dilemmas confronting each of those living in this LFS. The intensity of feeling surrounding a critical interactive event that centered on the child indicates that emotion runs high for all. Mary must wonder if she has any place that she can call home. The adult family members are concerned about carrying out their responsibilities to Mary and each other, and about working out relationships that allow them to be loved and respected in their current adult relationships. All have experienced previous marital breakups. All are making an effort to cope in unfamiliar territory, in which gratifications and frustrations are different from what they experienced in the past and what they anticipated in this new type of family situation—the LFS. There is a relationship between the intensity of feeling emanating from the adults to Mary in the households and her behavior. Mary has a high CBCL problem score that takes the form of internalizing.

Discussion

The findings regarding global emotion and children's behavior suggest the importance of the intensity of feeling to which a child is exposed from the two households of the LFS. In this author's view, everyone—adults and children—has a threshold of tolerance for the amount of feeling that is directed at them by others. Children may be more vulnerable than adults. There may indeed be a relationship between the intensity of emotion expressed toward or regarding a child and the child's well-being in so-called intact families, but the LFS has a greater number of parents and parent figures whose feelings may affect a child. There are a greater number of actors in the family drama. There are, as yet, no societal prescriptions to guide role expectations in this new family form—even regarding such matters as what people should call each other. From a psychoanalytic point of view, when guidelines for behavior are not defined, people may act on the basis of idiosyncratic or unconscious impulses and fantasies that can distort or leave out pieces of reality (Jacobson, 1974). This can increase intrapsychic and interpersonal problems. One piece of reality, which when denied can lead to trouble, is the importance of those in the "other household" and how it fits into the scheme of life for children and adults. This raises questions for families and mental health specialists, such as how to work things out to reflect the best interests of the children and adults involved, and how to think of strategies for interaction that take into account and value all individuals involved.

Although this chapter has emphasized the problems that can arise, many people are negotiating the territory successfully, but rarely, in the opinion of this author, without considerable stress. Sprey (1979) said, "I see this type of family as one of the most problematic forms of contemporary family design—conflicting loyalties, competitive economic interests and complicated extrafamilial commitments combine to create a setting fraught with difficulty" (p. 156).

The LFS concept and these findings have implications for services to stepfamilies and for research. They offer guidelines for clinicians and for those engaged in prevention programs of consultation and education. Although the findings are not definitive, they alert professionals to specific aspects of the stepfamily situation that must be considered in evaluating a child's well-being. It would appear that it is often not enough to draw a boundary line around and attend to only the experiences of a child in the custodial household. Rather, attention must be given to an evaluation of the child's experience in the two households of the LFS, and the interface between them. The legal system can also benefit from a clear grasp of LFS's importance. Current custodial adjudications sometimes concern themselves mainly with biological parents. A fuller picture is obtained by considering their remarriage partners. The remarriage of either partner may reopen previously settled problems, such as custody disputes, as former spouses renegotiate emotional relationships with each other, and the child worries about where he or she does or does not belong. Full attention to the LFS is of importance to the child, the family, and the community.

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6

The Nine Rs of Stepparenting Adolescents: Research-Based Recommendations for Clinicians

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About 20% of all children under 18 are residing in a household where one of the parents is a stepparent (Glick, 1989). About 65% of these represent stepfather families (i.e., a biological mother, her children from a prior marriage, and a stepfather who may or may not also be a father to children residing elsewhere). When we take into account the number of stepfamilies with children 19 and older, and those children living outside their parents' homes, as many as 60 million adults and 20 million children were in step situations in 1987; this represents almost one third of the U.S. population (Larson, 1992). In other words, stepfamily life is increasingly becoming a common experience of the married population.

It has been suggested that stepfamilies with adolescent children offer unique challenges to those desiring meaningful family life (Furstenberg, 1987; Ganong & Coleman, 1994; Lutz, 1983). These challenges can place stepfamilies at greater risk for conflict and ultimate dissolution. As a result, stepfamilies with adolescent children warrant special attention, particularly regarding certain issues, if adjustment and stability are to result.

Here we outline recommendations for clinicians working with stepfamilies with adolescent children. These recommendations address nine areas: relationships, resources, routines, rituals, resolution, roles, rules, responsibilities, and reframing. Our discussion focuses on certain key issues regarding these nine areas, identified in the empirical literature, that influence the quality of stepfamily life.

Relationships

The quality of the relationship between stepparents and stepchildren is a strong predictor of marital outcome and family well-being (Clingempeel, Brand, & Ievoli, 1984; Crosbie-Burnett, 1984; Guisinger, Cowan, & Schuldberg, 1989; Hobart, 1988, 1989). As such, the way in which these relationships are fostered over time can serve as the foundation for the quality of interaction and the ongoing commitment spouses make to staying engaged in the work necessary to solidify a newly formed stepfamily.

The needs of the new stepparents for cohesion (demonstrations of unity and emotional closeness) often conflict with the needs of the adolescents for increased autonomy and independence; this can be problematic for stepfamilies. Children in single-parent families often gain independence following parental divorce (Hetherington, 1989; Hetherington, Cox, & Cox, 1982). Such independence can make requests for more shared family time following the formation of a stepfamily less attractive to an adolescent. Because adolescents are better able to articulate their needs and effectively debate issues (Steinberg, 1989), the increased argumentative behavior typical of this developmental stage is often interpreted as a stepfamily problem.

A critical role of the clinician is to emphasize the importance of building mutually satisfying stepparent and stepchild relationships by exploring expectations of family members for each other; this is vital because the stepparent–stepchild relationship dynamics are critical to overall stepfamily adjustment. At first, the emphasis should be on adaptability (flexibility) in the relationship, not on cohesion (closeness). The goal for the clinician and family should be increased flexibility in the stepparent–adolescent relationship. Emotional closeness will follow as a result of the trust and openness that flexible relationships engender.

Resources

Some of the stress experienced in stepfamilies likely results from attempts to merge different rules of resource distribution (Pasley & Ihinger-Tallman, 1982). Resources include material resources (e.g., money, goods, space), as well as nonmaterial resources (e.g., time, energy, affection). Although material resources may be less available following divorce (Kitson & Morgan, 1990), the absence of one family member (usually the biological father) means that the single parent may be able to focus more of her time, energy, and affection on the child(ren). Thus, during the single-parent phase, a child is likely to receive most of the residential parent's resources. Should the parent remarry, the time, energy, and affection is divided between the additional members added to the biological unit. Thus, there are fewer resources to go around, or such may be the perception of the adolescent. A mother may not have time to take the adolescent places or to sit for long talks in the evenings because of a desire to spend some of that time with her new spouse.

Working out ways to allocate material and nonmaterial resources fairly and flexibly becomes essential. The clinician can assist the family in budgeting time, money, space, and other resources more explicitly. This is also important with major material resource issues, such as college funds and trusts, so ambiguity about support for future goals is minimized.

Should there be visiting children, even fewer material resources may be available, and less time, energy, and affection are directed toward the residential child(ren) at this time. Clinicians also can promote more systematic planning to ensure the visits are the least disruptive for all concerned.

Routines

Marital transitions often follow in quick succession, with many people remarrying within 1 year following divorce (Glick & Lin, 1987). Such change means that routines are often disrupted repeatedly. Family systems theory suggests that families respond to such stress by reverting to the status quo or maintaining homeostasis. Unlike first marriages, where adults have the longest shared history, in stepfamilies the biological parent and child are the subsystem with the longest shared history. They know what their family life is all about, and the stepparent is the outsider to that system and its operation. In other words, it is the stepparent who disrupts the routines, and it is he or she who must learn what living in this family is all about. Again, because of the increased verbal abilities of the adolescent, it is more likely that the teen speaks up and out about his or her feelings regarding any changes. Some research suggests that for girls in stepmother families, higher levels of order (e.g., "There are set ways to doing things in my home") were associated with well-being (Kurdek & Fine, 1993).

The clinician's task is to help the family examine the routines that are helpful to the family, and to maintain them so there is some continuity to the past. At the same time, the clinician must help the family explore a variety of ways to alter some routines and effective ways to do so. In this way, more family unity can result. Routines provide the foundation for connection between people in daily life, and simple, appropriate tasks and shared experiences should be encouraged.

Rituals

Rituals are more elaborate and/or meaningful shared experiences than routines. Rituals serve to assist a family in developing and maintaining its identity (Fiese, 1992; Whiteside, 1989). In addition, rituals provide opportunities for families to enhance their sense of cohesion (Wolin & Bennett, 1984). The merging of different families' histories is believed to be stressful for members of the newly formed stepfamily (Pasley & Ihinger-Tallman, 1982); rituals are part of the family history that assist in maintaining kinship networks (Aprons & Rodgers, 1987). For members of stepfamilies, one task is to develop new rituals as a way to enhance a sense of belonging to that family, and building and maintaining kinship networks.

The development of new rituals can be problematic in stepfamilies because existing rituals foster the connections with one's past, including the former spouse and nonresidential stepsiblings. Existing rituals also provide continuity and means for ongoing relationships with extended kin, especially in the grandparental generation (Rosenthal & Marshall, 1988). For the stepfamily, creating new rituals provides the opportunity for all members to participate in shaping their shared future. At the same time, creating new rituals can mean leaving the past behind (Whiteside, 1989). Hence, although new rituals provide opportunities, they also represent loss. Thus, family members may have strong feelings about the family's ritual patterns.

Clinicians can help stepfamilies explore the ways in which rituals are and can be celebrated. The task is to balance the opposing needs for continuity and creating anew. The focus needs to be on maintaining some connection to the past, while designing something different. This balance can be difficult to achieve. However, when all members participate in the process, it is more likely that a solution is more acceptable to all participants. Solutions may include consulting the nonresidential parent and extended kin, as they also are part of the system connected by rituals.

Resolution of Conflict

Some literature has suggested that stepfamilies have greater difficulty resolving problems (Bray, Berger, Silverblatt, & Hollier, 1987), and that dysfunctional first-marriage families and stepfamilies lacked mutual decision-making processes where all participants' needs were met (Anderson & White, 1986). Some literature suggests that mothers in stepfamilies are more authoritarian than mothers in first-marriage families (Bray, Berger, Silverblatt, & Hollier, 1987). Authoritarian parenting behaviors (high control, lack of warmth and discussion) were negatively associated with child outcome, whereas authoritative parenting behaviors (support, supervision, communication) were associated with child increased well-being (Kurdek & Fine, 1993). Other research has suggested that the effects of authoritarian and authoritative parenting behaviors on children depends on the sex of the parent/stepparent and the child/stepchild (Hetherington & Clingempeel, 1992). Where adolescent children are concerned, Hetherington and Clingempeel reported that the conflictual relationship between stepfathers and adolescent children was often provoked by the children's hostility, resistance, and coerciveness toward the stepparent. They concluded that the children's negativity made it more difficult for the stepparent to become authoritative or to develop a closer relationship with the stepchildren.

These findings suggest that the way in which problems between parents and children are resolved in first families may not work in stepfamilies. The way in which stepparents and adolescent stepchildren "dance" together and develop coercive patterns of interaction must be examined and altered if more effective patterns of interaction are to result. Clinicians can help adolescents learn constructive ways to express their negative feelings and thoughts, and they can help stepparents learn to emphasize warmth and flexibility in their stepparenting. Clinicians also must normalize the higher levels of conflict between stepparents and adolescent stepchildren to reduce unrealistic expectations and the inevitable disillusion that follows them.

Roles

The stepparental role is believed to be more difficult and less clearly defined than that of the parental role (Pasley, 1985). The pejorative meaning of *step* in fairy tales, the popular literatures, and as perceived by people in general may result in some of the difficulty that stepparents encounter (Coleman & Ganong, 1987). Research on the ambiguous nature of this role found that stepfathers often felt inadequate and did not perceive mutual love or mutual respect between themselves and their stepchildren (see Pasley, 1985, for a review). In fact, evidence suggests that both parents and stepparents expect stepparents to be less involved in the parenting process, and thus positively sanction stepparents for less involvement (Giles-Sims, 1984; Schwebel, Fine, & Renner, 1991). Although stepparents are sanctioned for less involvement, biological parents often complain about the inadequate involvement of stepparents in parenting (Furstenberg, 1987; Furstenberg, Nord, Peterson, & Zill, 1983).

One conclusion from these and other studies is that stepfamily life is enhanced when stepparents are less involved in parenting than the biological parent, at least in the beginning (Pasley, Dollahite, & Ihinger-Tallman, 1993). What this suggests is a lack of clarity about what stepparents should and should not do, depending on who is asked (children, spouses, or stepparents). This conflict in expectations was evident in the findings from a recent study by Bray, Berger, and Boethel (1994). They found that at 6 months, stepparents were expected to assume less responsibility for parenting children, and that this was acceptable to adults and children. By 2½ years after remarriage, expectations changed such that stepparents were expected to participate more actively in childrearing, especially for younger children. In addition, other research found that frequency of agreement regarding childrearing is associated with better stepfamily adjustment (Bray et al., 1994; Quick, McKenry, & Newman, 1994).

Conflicting expectations for role behavior mean confusion and frustration for those attempting to enact a role. Clinicians can normalize the role ambiguity and confusion, and can assist the stepparent and biological parent to negotiate a mutually satisfying role pattern. Flexibility in roles is important because explicit realization that the roles will change over time is needed. Clinicians can facilitate the exploration of the role expectations that stepparents, parents, and stepchildren have for one another. They should help the stepparent deal with the reduced level of responsibility and discipline that is normative and functional (at least in the early years of the role). If the stepparent seems unengaged after enough time has passed, clinicians can help stepparents move toward assuming a more active parental role.

Rules

Discipline is often noted as one of the most stressful aspects of stepfamily life for adolescents (Ganong & Coleman, 1994; Lutz, 1983; Visher & Visher, 1988). This is likely so because adolescence is a period of testing limits and boundaries, as well as exploring values and identities; testing and exploration suggest challenging existing rules and expectations. When the rules are imposed or enforced by an "outsider," such as a stepparent, the likelihood of resentment or disobedient responses increases. In a stepfamily, adolescents can compare stepparental disciplinary behavior with an idealized memory of "how it used to be" (during the single-parent stage), and/or to the more lenient atmosphere that may exist on visits with the nonresidential parent. Therefore, it is no surprise that rules and discipline are major issues that clinicians must address when working with stepfamilies.

Clinicians must help the stepparent and residential parent agree on consistent, but flexible rules for the adolescent. A solid parental coalition must be established. Findings from a recent longitudinal study of stepfamilies suggest that this appears to occur with time (Ganong & Coleman, 1994). The perspectives of parents, stepparents, and adolescent children are similar in that the sharing of discipline, rule making, and decision making increased over time. However, adolescent children clearly preferred that their biological parent assume primary responsibility for discipline. Clinicians can help parents and stepparents create ways to ensure that the biological parent (father or mother) does the bulk of disciplining, at least for the first couple of years (Bray et al., 1994). This often includes coaching the stepparent to adopt the "sitter posture" in limit setting; from this perspective, a stepfather says, "Your mother wants your room straightened, and I'm here to see that her wishes are met." Simultaneously, the clinician can educate the parent and stepparent about the occasional use of "therapeutic undermining," where the stepparent is allowed, and encouraged, by the biological parent to relax the rules or let the child bend or break the rules (Pasley et al., 1993). When used properly, this strategy can be an effective tool for increasing the stepparent–stepchild bond.

Responsibilities

Research has found that parental responsibility for discipline changes over the first few years of a stepfamily's existence (Bray et al., 1994; Ganong & Coleman, 1994). Residential stepmothers often assume the greatest burden for child care and discipline, and they suffer greater degrees of stress, depression, and marital quality (Bray et al., 1994; Guisinger et al., 1989; Quick et al., 1994). If the biological parent assumes greater responsibility for parenting, such negative outcomes are less likely.

Adolescents also have responsibilities to the new family. However, they may be less invested in building the desired cohesive family. They may be asked to sacrifice their own developing needs for independence, autonomy, and peer involvement to satisfy adult assumptions about ideal stepfamily life. One way to cope with the conflict that arises between autonomy and cohesion is to leave home. In fact, recent research suggests that adolescents and young adults in stepfamilies are more likely to leave home (Goldscheider & Goldscheider, 1989; White & Booth, 1985; Wiser & Burch, 1989).

Clinicians can help stepparents lessen their feelings of responsibility for the discipline at first and help biological parents shoulder most of that responsibility. This may be especially difficult when the residential parent is the father because he must substantially increase involvement. The clinician can also help all members assume some family responsibility, although different members may invest at different levels. Care must be taken so the problems of the stepfamily in therapy are not placed on one member alone. Allowing diversity of responsibility may be imperative so flexibility and adaptability of household responsibilities result. Only in this way can the unique needs of the stepfamily be met.

Reframing

The ability to redefine stressful events in order to make them more manageable (reframing) is an important coping strategy for dealing with stress (Boss, 1987). Here, *reframing* means thinking about the new family from an adaptive model, rather than a deficiency model (i.e., if the stepfamily does not operate like a first-marriage family, then it must be deficit). Coupled with acquiring social supports (ability to actively engage in acquiring support from relatives, friends, neighbors, and extended family), reframing becomes more possible as children move toward formal operative thought (Steinberg, 1989). For adolescents in particular, the ability to reframe, identify, and access sources of social support may be especially helpful in adjusting to stepfamily life. The results of a recent study found that the use of reframing and acquiring social support predicted 23% of the variance in adolescents' perceptions regarding the quality of the stepparent–stepchild relationship—one indicator of stepfamily adjustment (Quick et al., 1994). Reframing may permit the development of a broader definition of *family* as boundaries expand. As a result, adolescents would be less likely to experience loyalty conflicts, the primary stress noted by adolescents (Lutz, 1983). The use of these coping strategies may be especially important because preadolescents and adolescents in stepmother families are considered to be at greatest risk for poorer outcomes (Furstenberg et al., 1983; Hetherington & Clingempeel, 1992; Santrock & Sitterle, 1987; Zill, 1988).

Clinicians can help adolescents creatively define *family* in a broader manner so that family roles, rules, and rituals meet the needs of all members, rather than be restricted by a first-family ideology. Also, clinicians can be especially helpful to adolescents in identifying sources of social support, and coaching them on how to access these sources. In addition, cognitive therapy emphasizes the value of changing one's thoughts about the situation as a means for enhancing understanding and dealing with stress. Reframing is one strategy often employed as part of cognitive therapy, and may be a key intervention to use with stepfamilies where adolescent children reside. Reframing is a skill that clinicians can actively teach to those whose situations are conflictual and stress producing.

Conclusions

The major theme of this chapter is the critical need for clinicians working with stepfamilies with adolescent children to emphasize *flexibility*. Specifically, we advocate that such families be flexible in their routines, rituals, resolutions of conflict, roles, rules, responsibilities, and meanings (reframing). This emphasis on flexibility flows from the realization that the central issues facing stepfamilies with adolescent children are change, transition, development, identity formation, and reorganization.

Other therapeutic interventions may also prove to be helpful in clinical work with stepfamilies (see, e.g., Pasley et al., 1993; Visher & Visher, 1988). Those recommended here are derived, in part, from the findings of empirical investigations related to stepparenting, and especially to stepparenting adolescent children. We urge that clinicians become increasingly knowledgeable about the information available in the empirical literature. In this way, they can make decisions for intervention based on what is known, and they can enhance the information provided by their clinical experience.

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PART III

BELIEFS AND EXPECTATIONS OF THE STEPFAMILY: HOW TO IDENTIFY AND CORRECT THEM

7

Insiders' and Outsiders' Beliefs About Stepfamilies: Assessment and Implications for Practice

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Because the first-marriage or "nuclear" family is the model used to determine normality in our society, other family forms such as stepfamilies are often automatically considered to be "nontraditional," deviant, deficient, or even dysfunctional (Ganong, Coleman, & Mapes, 1990; Skolnick, 1991). Cultural beliefs about stepfamilies, whether held by stepfamily members or by others in society (including helping professionals), have the potential to influence: (a) how stepfamily members think about, evaluate, and perform family roles; (b) the goals that stepfamily members set for their family; and (c) how helping professionals think about and interact with stepfamilies and stepfamily members.

Insiders' Beliefs

There is growing evidence that an individual's beliefs about marriage, childrearing, and family life influence one's expectations and behaviors in close relationships (Bradbury & Fincham, 1990; Kurdek, 1991). Expectations about what should be experienced serve as the basis for evaluating one's satisfaction with family life; the closer "real life" comes to matching expectations, the more likely one is to feel satisfied.

In first marriages, the two partners negotiate a joint construction of marital reality as they interact with each other over time, sharing expectations, beliefs, and opinions about what the marriage should be like (Berger & Luckmann, 1973). The partners bring into marriage fantasies about ideal family life, beliefs learned in their families of origin, cultural standards and expectations, observations of other families, and media images. Presumably, the couples' ability to create a shared model of family life is related to their level of satisfaction and to the quality of their relationship (Berger & Luckman, 1973; Dallos, 1991).

Remarried couples, especially those with children from prior relationships, have a somewhat more complicated task because they must negotiate the beliefs of the children as well as the adults. In other words, in the early days of remarried family life, the construction of family reality is a task shared not only by the spouses, but by the children as well, who also have expectations and fantasies of what the new family configuration will be like. Hence, there are sometimes many competing agendas and beliefs in remarried families (Leslie & Epstein, 1988; Visher & Visher, 1991).

The task of constructing a shared model of remarried family life is further complicated by the relative absence of societal norms for remarried family behaviors, particularly for those in steprelationships (Cherlin, 1978). Clinicians have written extensively of the difficulties that stepfamilies have in developing a workable set of beliefs—or model—for stepfamily life (Visher & Visher, 1988). Often, according to clinical authors, stepfamily members are limited in their beliefs about how families can and should function; as a result, they attempt to recapitulate what has been called the "nuclear family model," rather than adapting beliefs to accommodate some of the unique attributes of stepfamilies (Fishman & Hamel, 1981; Visher & Visher, 1988).

The use of a nuclear family model for stepfamily life is often a major problem because such a model is generally inappropriate for stepfamilies (cf. Fishman & Hamel, 1981; Goldner, 1982; Papernow, 1993; Sager et al., 1983; Visher & Visher, 1988). Stepfamilies use a nuclear family model when the expectation is that they will function as if they were a first-marriage family. That is, the residential stepparent is expected to replace the absent biological parent, emotionally, psychologically, financially, and behaviorally (e.g., disciplining children, making household rules). Children are to call the stepparent "mom" or "dad," and steprelationships are expected to function as if they were biological relationships. Stepfamilies using this model try to establish boundaries around the household to exclude the nonresidential parent and his or her kin. Efforts are made to discourage, and even prohibit, contact between nonresidential parents and their children, and between grandparents and grandchildren (i.e., the parents of the absent parent). In post-bereavement stepfamilies trying to emulate nuclear families, children are encouraged to think of the stepparent as their new parent, as household boundaries are drawn psychologically as well as physically. In some stepfather families, stepchildren begin using the last name of the stepfather so that they will be seen by others as a nuclear family, and adoption may be initiated by some stepfamilies in efforts to legally complete the ideological and behavioral metamorphosis from a stepfamily into a nuclear family.

Why is this model considered to be inappropriate for most stepfamilies? To function and assume the identity of a nuclear family, stepfamilies must deny and distort reality (Goldner, 1982). This takes emotional energy and exacts high psychological and interpersonal costs. It is as if stepfamily members are asked to forget about prior relationships, and to pretend as if nothing that went on before the remarriage actually happened. Also, former spouses and their families must be cut off from children, resulting in emotional losses for adults and children alike. Feelings of abandonment, anger, guilt, resentment, and unresolved feelings of loss are likely when ties between nonresidential parents and children are severed. Sometimes a remarried parent who severs the ties between his or her children and the former spouse finds that these actions have the opposite effect—children harbor resentments toward the residential parent and stepparent, and fantasize about the "perfect" parent with whom they have no contact. Rather than emotionally replacing the parent with the stepparent, these children may never accept the stepparent, whose presence has robbed them of knowing their biological parent.

This suggests a third reason clinicians think the nuclear family ideology is inappropriate for most remarried families. It is unrealistic to expect that all members of a stepfamily will accept this model for their family relationships. If all members do not agree to function as a nuclear family, this leads to stressful interactions with the dissenters. For example, if a nonresidential parent refuses to be replaced by the stepparent, he or she may institute a legal custody battle over the children; or if a child refuses to accept a stepparent as a parent, the stepparent may feel hurt and may withdraw emotionally from the child.

Goldner (1982) has called the use of the nuclear family model "the retreat from complexity" (p. 205). Stepfamilies, lacking established rituals and rules for behaving, try to recreate the nuclear family because it is what they know, and it is more simple to deal with than the reality of stepfamily complexity and ambiguity.

Despite the prevailing clinical perspective on this issue, it is possible that acting like and thinking of themselves as a nuclear family unit may work for some stepfamilies. It is probable that some stepfamilies do function as if they were a nuclear family without encountering problems that would send them to a clinician for help. If all family members are reading from the same script, and all family members have as their goal to function as a nuclear family, then that is the model they should pursue. More often than not, however, all family members are *not* reading from the same script.

Interpersonal behaviors are influenced by beliefs about what is appropriate, necessary, and "normal" in family life (Dallos, 1991; Fine & Schwebel, 1991). An individual's cognitive model of family life is related to what they do in their family; attempts are made to enact what is believed to be the normal or right way to be a family (Dallos, 1991). For example, cultural beliefs that women are naturally nurturing and supportive may inhibit some stepmothers from getting training for parenting skills that they "should" already possess. A stepmother's self-image may be affected by feelings of failure if she does not automatically feel nurturing and supportive toward her stepchildren. Similarly, cultural beliefs that men are the main disciplinarians of children in families may lead a new stepfather into engaging in inappropriate or premature punishment of stepchildren because that is the "father's" role. The stepfather's attempts to measure up to cultural standards for fathers may lower his feelings of self-worth. Bohannon (1975) found that stepfathers were more critical of their role performance than were their wives and stepchildren.

Individuals are also influenced by idiosyncratic beliefs about family relationships (Fine & Schwebel, 1991). For example, a stepmother who has not had children of her own may believe that children must always obey her or it means they do not respect her. Other idiosyncratic beliefs may be more general, constituting what might be considered personal rules for living and relating. When these individually held beliefs are irrational or illogical, such as when a person thinks that other people must always be fair to them, or when an individual thinks he or she must always be perfect, emotional reactions and behaviors toward others are likely to be negatively impacted (Ellis & Harper, 1977).

Stereotypes About Stepfamilies, Stepchildren, and Stepparents

One of the challenges facing those entering a steprelationship is coming to terms with cultural stereotypes about stepfamilies, stepchildren, and stepparents. Common stereotypes include labeling stepparents as *aloof, unloving, uncaring,* and *abusive.* The "wicked" stepmother is a prominent character in many popular fairy tales (i.e., *Cinderella, Hansel and Gretel, Snow White*), and stepfathers have been portrayed in an extremely negative fashion in such movies as "The Stepfather." In *Webster's New Collegiate Dictionary,* the term *stepchild* has come to mean someone or something that is unwanted, neglected, or abused (Webster, 1973); popular media regularly use the term *stepchild* in such a pejorative way (e.g., Software, the stepchild of the computer industry). Stepfamilies are seen as inherently beset by problems, and full of strife and conflict.

Stereotyped beliefs may adversely influence how stepfamily members see each other. For example, if the stepchild's stereotype of stepparents is that they are mean, such expectations may cause the stepchild to be aware only of behaviors that are congruent with the stereotyped expectations. The children may only "see" what they "believe" is there, and may ignore or misinterpret friendly overtures or other behaviors of the stepparent that do not fit the stereotyped beliefs. Such self-fulfilling prophecies regarding stepmothers and stepfathers generated by these stereotyped beliefs may interfere with the establishment of satisfying stepparent–child relationships.

Outsiders' Views

The negative stereotyping of stepfamilies and stepfamily members is potentially damaging to the stepfamily's interactions with nonfamily members as well. For example, stereotypes distort perceptions so that what is perceived is consistent with already held beliefs; therefore, with negative stereotypes, people are led to evaluate a stereotyped group less favorably, regardless of the behavior observed (Darley & Gross, 1983). In a study of family therapists, adults identified in a brief vignette as stepparents were seen as less potent and less well adjusted than adults believed to be from nuclear families; and adolescent stepchildren were evaluated less positively and viewed as less potent, less active, and less well adjusted than adolescents believed to be from a nuclear family (Bryan, Ganong, Coleman, & Bryan, 1985).

It has been argued that dealing with cultural beliefs about stepfamily status is a source of stress to stepfamily members (Coleman & Ganong, 1987; Visher & Visher, 1988). As a result, stepfamilies may attempt to hide their step status from others. If outsiders do not know the family's status, interactions with them will be free of limiting assumptions based on stereotyped beliefs. There is some empirical evidence that hiding one's step status reduces outsiders' negative evaluations of stepparents and stepfamilies (Ganong, Coleman, & Kennedy, 1990).

For family therapists and other helping professionals, an added danger of rigidly held, oversimplified beliefs about stepfamilies is that assessment of family and individual functioning may be affected. Information that does not fit the stereotyped belief may either be ignored completely or distorted so that it can be assimilated into the existing set of beliefs (Fiske & Taylor, 1984). This distortion not only affects perceptions of incoming information, but it also influences the recollection of previously received information (Snyder & Swann, 1978).

Stereotypes also may influence behaviors directed toward members of stereotyped groups. Being treated differently because of one's marital or parental status is among the most subtle forms of discrimination that a person may experience, and may be particularly damaging when the behavior of helping professionals is altered. In a study we recently completed, nurses' verbal behaviors when responding to a female patient were influenced by information about the patient's marital and parental status; there were no differences in the type of technical information nurses shared with patients, but psychologically oriented, supportive communications were more frequently expressed to married women than to remarried, divorced, and never married women (Ganong & Coleman, in press).

Unfortunately, the stereotyping of stepfamily members by "outsiders" is common (Ganong et al., 1990), even among helping professionals such as counselors, social workers, nurses, and teachers (Bryan et al., 1985; Coleman, Ganong, & Martin, 1990; Ganong, 1993). Results from a metaanalytic review of family structure stereotypes indicated that cultural stereotypes related to family structure have not changed in recent years, despite increases in family diversity (Ganong et al., 1990). For example, although there is evidence that tolerance of divorce has increased in recent decades, more tolerant attitudes do not appear to have reduced the negative perceptions of divorced individuals (Gerstel, 1987).

Assessing Stepfamily Members' Beliefs

There are few assessments of any dimension of stepfamily life. Until recently, most researchers and clinicians have used measurements developed for nuclear families when assessing stepfamily functioning. Consequently, we can identify few well-developed, standardized assessments of stepfamily beliefs. Instead, in this section, we present a variety of assessments drawn from research and clinical work that we think provide clinicians with information about the step-related beliefs of stepfamily members.

Open-Ended Questions

A variety of interview-type questions may be used to identify beliefs. What labels do they use to describe themselves to others? What labels do they attach to various roles in the family? What names do they use for each other (e.g., first names, "pet" names, traditional role names like dad and mom)? How do they introduce family members to outsiders (e.g., this is my son/stepson/my wife's son)? Have stepchildren begun to use their stepfathers' last name? What are each family member's goals for the stepparent–stepchild relationship (e.g., to be like a parent–child relationship, to be instantly close and affectionate, to be hostile)? How does each family member see the stepparent functioning (e.g., as a parent, a friend, a stepparent, an acquaintance)?

Obviously, the example questions listed in the previous paragraph do not exhaust the possible areas of questions that could be asked. However, we have found that these questions can quickly reveal how stepfamilies see themselves and what their expectations are for individual members. For example, families that use biological role labels like *mom* and *dad* for stepparents, and stepchildren who use the same last name as their stepfathers, may be trying to "pass" as a nuclear family. More important, they may be trying to act as if they were a first-marriage family. Remarried adults who want stepparent–stepchild relationships to function as if they were biological parent–child relationships may be setting themselves up for frustration, anxiety, and unmet expectations.

Questions about family members' goals for the stepparent–stepchild relationship may reveal different agendas within the stepfamily.

Moreover, some stepfamilies may not have thought about relationship goals in any explicit way. By asking such questions, the clinician can begin to encourage family members to think more clearly about what kind of family relationships they want.

Who Is in Your Family?

Asking "operational definitions" of family membership is another quick way to tap into beliefs about the stepfamily. Widely known family assessment techniques, such as genograms, the draw-a-family technique, and Kvebaek Family Sculptures, can be used to ascertain differences between family members in beliefs about family membership (Funder, 1991). The answer(s) to the simple question of who is believed to hold family membership can be powerful, and we think it is essential for therapists to consider this when working with stepfamilies.

Vignette Approaches to Assessment

Researchers more often than clinicans have used vignettes to assess beliefs, but we think vignettes have promise in theraputic settings. Brief written vignettes have been developed to assess stepparent roles (Schwebel, Fine, & Renner, 1991), step labels (Ganong et al., 1990), stepchildren's behaviors (Ganong, Coleman, & Jones, 1990), and stepparents' behaviors (Claxton-Oldfield, 1992). These vignettes are usually accompanied by either a few Likert-type items, to which respondents indicate their level of agreement, or a few semantic differential items, bipolar adjectives that form a scale to which people respond. They generally can be easily administered and quickly scored, and they have the added feature of possibly serving as a stimulus for discussion. In fact, various unrevealed differences measures are actually a clinical variation of what we are calling the *vignette technique*.

Paper-and-Pencil Assessments

There are several short, written measures that can be adapted and applied to the assessment of stepfamily beliefs. The semantic differential can be used to assess beliefs about roles, labels, family forms, individuals, activities, and virtually any other concept that might be relevent (Gardner, LaLonde, Nero, & Young, 1988; Kerlinger, 1986). Adjective checklists have been used by researchers over the years to assess stereotypes. Therapists can construct their own short versions of adjective checklists that contain stereotypical and nonstereotypical items (Eagley & Steffen, 1988; Gardner et al., 1988).

Clinicians could also construct paper-and-pencil measures designed to ascertain the level of agreement with remarriage and stepparenting myths that have been identified in the literature (Coleman & Ganong, 1985; Visher & Visher, 1988). Like the vignette approaches, these questionnaires could also serve as stimuli for discussion.

Another fruitful approach would be to use belief measures designed to be used with broader groups than stepfamilies. The Relationship Beliefs Inventory (Eidelsen & Epstein, 1982) could be readily used with remarried couples, and the Family Beliefs Inventory could be employed when assessing parents' and stepparents' beliefs about adolescence (Roehling & Robins, 1986).

We end this section by mentioning two measures specifically developed to assess remarriage and step beliefs. The Remarriage and Stepparenting Beliefs Scales have been used in research settings only (Furstenberg & Spanier, 1984), but appear to have applicability in clinical contexts as well. They are short, easy to score, and appear to be related to certain dimensions of stepfamily adjustment (Coleman & Ganong, 1991). Finally, the Stepfamily Beliefs Inventory (Brand & Clingempeel, 1988) is a 20-item measure that appears to have promise. It assesses beliefs about stepfamilies "during the first year" and "in the long run." The SBI yields scores indicating the respondent's adherence to the nuclear family ideology for his or her family and the amount of role ambiguity experienced by the respondent. Clinicians can use such measures to help them assess how comfortable the clients might be in considering behaviors that are not congruent within the nuclear family model. The instrument might be the basis for discussion about belief systems, values, and goals for the family. Differences in spousal beliefs can be examined, and the counselor can help the remarried couple work toward a mutually acceptable, joint belief system about the stepfamily.

Self-Assessment of Stepfamily Beliefs for Professionals

It is extremely difficult to examine one's own beliefs, but self-assessment is an activity that deserves some effort. Clearly, before a therapist would administer any of the measures mentioned in this chapter, he or she would want to respond to them him- or herself. Clinicans would do well to examine their beliefs, stereotypes, myths, and expectations for stepfamilies; most therapists are predisposed to see problems. The double whammy of exposure to cultural stereotypes and the "sampling" problem of mostly seeing stepfamilies who are having trouble leads therapists to have more pessimistic views of steprelationships. There is danger of therapists falling into the "seeing is believing" pitfall of seeing problems because they believe they are there.

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8

The Nature and Assessment of Cognitions in Stepfamilies

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Cognitions have been defined as "verbal or pictorial 'events' in one's stream of consciousness" (Beck, Rush, Shaw, & Emery, 1979, p. 3). Baucom and Epstein (1990) defined *cognitions* as "natural aspects of the information processing that is necessary in order for individuals to understand their environments and make decisions about how they will interact with other people" (p. 47). Cognitions include such phenomena as beliefs, ideas, thoughts, and values.

Baucom and Epstein described five types of interrelated cognitions that affect interpersonal relationships. These cognitions are: (a) perceptions about what interpersonal events occur, (b) attributions about why interpersonal events occur, (c) expectancies regarding what interpersonal events will occur, (d) assumptions about the roles people play and the way relationships work, and (e) standards regarding both how individuals should perform their roles and how relationships should work.

Typically, cognitions provide individuals with a sense of meaning, order, and control in their lives. They help individuals find coherence and organization in the numerous stimuli that they continually encounter. However, as described later, because of a lack of societal guidelines regarding how members of stepfamilies should behave, these individuals may be at particular risk of developing maladaptive cognitions.

The purpose of this chapter is to provide an overview of the assessment of maladaptive cognitions of individuals living in stepfamilies. Using the Baucom and Epstein typology, we begin by describing each type of cognition and its relevance for difficulties likely to be encountered in stepfamilies. Following this, we describe self-report measures of these cognitions. We conclude with a discussion of future directions in the self-report assessment of cognitions of individuals in stepfamilies.

Our focus is on standardized self-report measures because their psychometric properties can be assessed, and because they are amenable to the practical exigencies of clinical practice. Further, our focus is on dysfunctional cognitions because they are particularly relevant in clinical settings. Elsewhere, we have described adaptive cognitions in the stepfamily context (Fine & Kurdek, 1994a).

Types of Cognitions and Their Relevance in Stepfamilies

Perceptions

Perceptions are what one notices and gives meaning to, including any aspect of stepfamily living that is attended to and regarded as important. Because perceptions are what is attended to, they occur before the other types of cognitions. However, one's expectations, standards, assumptions, and attributions also influence what aspects of an event will be noticed (Baucom & Epstein, 1990).

Cognitive therapists working with individuals (Beck et al., 1979), couples (Baucom & Epstein, 1990), and families (Epstein, Schlesinger, & Dryden, 1988) have emphasized that individuals differ considerably in their perceptions of events in their lives. One dimension on which perceptions differ is the degree to which they accurately reflect reality. For example, depressed individuals tend to perceive themselves, their environments, and their futures in consistently negative and unrealistic ways (Beck et al., 1979).

In the stepfamily context, the clinical literature has suggested that members of stepfamilies may be prone to particular negative perceptions. For example, stepchildren may attend to indications that their stepparents are active disciplinarians and that their biological parents have abandoned them; stepparents may attend to disobedience by their stepchildren and may regard their spouses as placing priority on their children's needs; and biological parents may notice that their spouses (i.e., the stepparents) are not showing caring and warmth to their stepchildren and may notice when their children are not complying with their stepparents' requests.

Attributions

Attributions refer to beliefs about the causes of interpersonal events. Attributions can: (a) help one understand others, (b) provide a sense of control over one's life, (c) protect and enhance one's self-esteem, (d) predict events in one's relationships, (e) and enhance one's image of one's partner or others in the family (Baucom, 1987; Baucom & Epstein, 1990).

Because stepfamilies are more complex than first-marriage families, there are a greater number of factors to which conflictual family interactions can be attributed (Leslie & Epstein, 1988). For example, when conflict occurs between a stepfather and a stepchild in a newly formed stepfamily, the stepchild may attribute this conflict to the intrusiveness of the stepfather, the inadequacies of the stepfather relative to the nonresidential father, the mother spending less time with him or her than she used to, and/or the presence of stepsiblings (in complex stepfamilies). Members of first-marriage families do not have this range of factors to draw upon to form attributions for family events.

Studies of marital relationships have indicated that negative attributions may bias family members' perceptions and influence subsequent interactions. For example, in comparison with nondistressed spouses, distressed spouses are more likely to attribute their partner's negative behaviors to internal, global, and stable causes (Bradbury & Fincham, 1990). Such attributions may lead to escalating cycles of anger and conflict.

Maladaptive attributions in stepfamilies might include attributing problematic family behaviors to causes that are endemic to stepfamilies (i.e., the internal dimension of attributions), to causes that affect multiple dimensions of stepfamily life (i.e., the global dimension), and to causes that are unlikely to change (i.e., the stable dimension; Epstein et al., 1988; Visher & Visher, 1988). These may lead to a sense of hopelessness by portraying the causes of conflict as pervasive and irreversible (Epstein et al., 1988).

Expectancies

Expectancies are beliefs about the likelihood that certain events will occur in the future under certain circumstances (Epstein et al., 1988). In stepfamilies, these expectancies may be based on a history of interactions with actual members of the stepfamily unit, or they may be based on generalizations made from previous interactions that are carried over to the stepfamily unit.

Visher and Visher (1988) reported that stepparents often have unrealistic expectations ("stepfamily myths") of themselves and their new families, including the beliefs that stepfamilies are functionally equivalent to first-marriage families, that stepfamily adjustment will be attained quickly, and that intimacy will develop immediately between stepfamily members. These expectations are considered unrealistic because most stepfamilies do not function in these ways. This, in turn, may lead to frustration and dissatisfaction when the expectations are not met (Kurdek & Fine, 1991; Leslie & Epstein, 1988).

Assumptions

Assumptions are beliefs regarding how people typically behave, how relationships usually work, and how roles are typically performed. Cherlin (1978) proposed that the stressful experience of stepparents may be partly caused by the absence of clear and institutionalized norms regarding what is proper behavior in stepfamilies. Without clear role prescriptions, members of stepfamilies may develop dysfunctional assumptions.

The extent to which individuals have a clear idea about how to fulfill a particular role—role clarity—may be an especially important issue for members of stepfamilies. Many family members lack clarity about the appropriate and desired behavior of stepparents and stepchildren in their home lives, and this may lead to adjustment difficulties (Crosbie-Burnett, 1989; Giles-Sims, 1987; Kurdek & Fine, 1991).

Maladaptive assumptions may also be based on the generally negative stereotypes of stepparents or from a desire to overcome them. Several studies (e.g., Ganong, Coleman, & Mapes, 1990) have concluded that people perceive "stepfamily" positions, particularly stepparents, more negatively than similar positions in intact families. The stereotypes of the "wicked" stepmother, "abusive" stepfather, and "neglected" stepchild may negatively affect family interactions by influencing family members' cognitions about stepfamily life. For example, a stepmother may vigorously attempt to show caring to her stepchild to overcome the myth of the "wicked" stepmother. However, these efforts may be resisted by the stepchild (Visher & Visher, 1988).

Finally, marital dissatisfaction for remarried couples (and first-married ones) has been related to the kinds of assumptions spouses make about how relationships function (Eidelson & Epstein, 1982). Persons who report marital distress tend to believe that disagreements are harmful, that "mindreading" is expected, that partners cannot change their behaviors, and that sexual perfection is expected (Bradbury & Fincham, 1993; Kurdek, 1992).

Standards

Standards differ from assumptions in that they refer to how things *should* be, rather than how they are. Standards represent an ideal level against which actual experiences are compared. When the resulting comparison meets or exceeds the standard, satisfaction will occur. However, when actual experiences do not meet the standard, disappointment will be experienced (Rusbult, 1983).

In stepfamilies, this internal standard of how relationships should be may be derived, in part, from family members' dysfunctional assumptions that relationships in stepfamilies are equivalent to those in first-marriage families. Particularly in the areas of intimacy and cohesion in stepparent–stepchild relationships, this standard of equivalence is not likely to be met, and frustration may result (Leslie & Epstein, 1988).

In addition, relationship satisfaction for both heterosexual and gay/lesbian couples has been related to the kinds of standards that partners in these couples have about how relationships should function (Kurdek, 1992). The general pattern is consistent with that described earlier for assumptions. That is, relationship satisfaction is negatively related to standards that disagreements *should* be destructive to a relationship, that mindreading *should* be expected in relationships, that partners *should* not be expected to change their behaviors, and that all sexual interactions *should* be perfect.

Self-Report Measures of Cognitions

Several self-report measures have been developed to assess the cognitions of family members. Perhaps because perceptions are idiosyncratic to particular situations, no specific self-report measures of them have been developed. However, there are self-report instruments that assess the other four types of cognitions.

In this section, we present some of these measures, describe the types of cognitions that they measure, and briefly review their strengths and limitations. Four types of measures are reviewed: attributions, unrealistic expectations, cognitions related to parenting roles, and dysfunctional beliefs regarding relationships. When available, information on the reliability and validity of these measures is provided.

Attributions

A number of attributions measures of partner behaviors have been developed. The most recent is the Relationship Attribution Measure (RAM; Fincham & Bradbury, 1992). Stimulus events consist of 10 hypothetical negative partner behaviors (e.g., "Your spouse criticizes something you say"). Spouses rate their agreement with a number of statements related to causal and responsibility attributions for the specific partner behavior. Preliminary evidence suggests that scores on the nine subscales of the RAM are internally consistent (Cronbach's alphas ranged from .67 to .90) and stable over time (test–retest reliability coefficients over 3 weeks ranged from .32 to .90). The construct validity of the RAM was supported by the significant negative correlations between the RAM scales and the composite score from the Marital Adjustment Test, and the ability of the RAM scales to discriminate between spouses in distressed and nondistressed couples.

Unrealistic Expectations

Unrealistic expectations can be assessed by a measure of stepfamily myths that we have developed for parents (Kurdek & Fine, 1991) and young adolescents (Fine, Kurdek, & Hennigen, 1992). On the parent version, subjects indicate how much they agree with seven myths (e.g., "A stepfamily can never be as good as a family in which children live with both natural parents"). Cronbach's alphas for the parent version were .76 for mothers and .77 for stepfathers. In support of construct validity, endorsement of these myths was negatively related to the adjustment of stepfathers and mothers in stepfather families (Kurdek & Fine, 1991).

In the youth version, subjects respond to the same types of items as on the parent version (e.g., "A stepfamily should work the same way as any other kind of family"). Cronbach's alpha for the youth version was .65 (Fine et al., 1992). Contrary to expectation, endorsement of these myths was positively related to young adolescents' self-competence, as measured by Harter's (1985) Self-Perception Profile. The expected findings for parents and the contrary results for adolescents suggests that endorsement of stepfamily myths has negative consequences only for parents, or that the measure of unrealistic beliefs for youth requires modification.

Cognitions Related to Parental Roles

We have also developed three instruments that assess cognitions related to parenting roles.

Parenting Perceptions Inventory (PPI). The PPI is designed to assess cognitions related to parenting roles in stepfamilies (Fine & Kurdek, 1994b). To ensure that mothers' and fathers' responses can be compared, parents are asked to identify a "target child" so that each spouse is responding with reference to the same child.

Based on evidence that supervision and caring are critical dimensions of parenting (Maccoby & Martin, 1983), the PPI assesses parent roles in these two domains. Each parent completes nine items related to the supervision of children and nine items related to the provision of caring to children. Parallel versions of the PPI have been developed for fathers, mothers, stepfathers, and stepmothers.

This instrument assesses perceptions (e.g., how much does the stepfather perceive that he shows warmth and caring to his stepchild?), assumptions (e.g., how much do typical stepfathers show warmth and caring?), and standards (e.g., how much should stepfathers show warmth and caring?) of performance for one's own role, as well as the same dimensions about the spouse's role. By doing so, the PPI allows the researcher or clinician to measure the extent of intraspouse cognitive consistency (e.g., the similarity between the stepfather's standards and his own perceived performance) and interspouse cognitive consistency (the similarity between the stepfather's ratings of his performance and his wife's perception of his performance).

Because each cognition is assessed by only one item, and because there is no composite score, the internal consistency of the instrument cannot be estimated. Construct validity for the instrument is supported by Fine and Kurdek's (1994b) findings that, as expected, biological parents, in contrast to stepparents, generally reported that they more frequently engage in parenting behaviors (perceptions), that typical parents engage more frequently in parenting behaviors than typical stepparents (assumptions), and that parents should engage more frequently in parenting behaviors (standards).

Although the PPI is limited by its small number of items, it has the advantages of directly measuring specific cognitions related to parenting roles and being quick to administer. With modification, it could be used to assess intraspouse and interspouse cognitive consistency in domains other than parenting roles.

Family Role Questionnaire (FRQ). The FRQ (Schwebel, Fine, & Renner, 1991) assesses cognitions related to stepparenting roles. The FRQ asks subjects to respond on several dimensions to a series of 14 hypothetical scenarios depicting situations calling for stepparental behavior. In response to each scenario, subjects are asked to what extent they think that the stepparents would engage in predesignated parental behavior (i.e., assumptions), and the extent to which they think that stepparents should engage in the parental behavior (i.e., standards). Parallel versions of the instrument have been developed for biological and adoptive parents.

Cronbach's alphas for the summed composite scores were .83 and .66 for the assumptions and standards scales, respectively (Schwebel et al., 1991). Construct validity was supported by the following finding: Respondents reported that stepparents were less obligated and less likely than biological and adoptive parents to engage in the supportive parental behaviors called for in the situations.

Instruments such as the FRQ may be useful in assessing general assumptions of how stepparents typically behave and standards for how stepparents should behave. Although to date the FRQ has only been used with college students, it has potential in assessing parents' and stepparents' cognitions related to stepparenting roles.

The FRQ assesses cognitions related to scenarios involving fictional parents and children, rather than those relevant to personal situations. This property is both a strength and a limitation. It is a strength in that there may be less likelihood of social desirability responding when individuals respond to scenarios involving fictional characters than when individuals respond about their own behavior. Fictional scenarios also have the advantage of standardizing the content to which subjects respond. However, it is also possible that responses to scenarios may not generalize to individuals' actual cognitions in their day-to-day lives.

Stepparent Role Clarity Inventory (SRCI). The SRCI measures the clarity of the stepparent's role. Parallel versions of the instrument have been developed for young adolescents and parents as well. On the youth version, adolescents are asked to rate the extent of their agreement to such items as "I have a clear idea of how my (step)father should be a good (step)father" and "I know clearly how much I should listen to my (step)father" (Fine et al., 1992). Cronbach's alphas on the summed composite scores were .75, .47, .71, and .83 for the father, stepfather, mother, and stepmother ratings, respectively. The finding that youths rating stepparents reported less role clarity than did those rating biological parents supported the construct validity of the SRCI (Fine et al., 1992). The rather low internal consistency value in ratings of stepfathers suggests that future work needs to assess the dimensionality of this scale.

On the parents' version (Kurdek & Fine, 1991), stepfathers and mothers are asked to rate how clearly they perceive the role of the stepfather (e.g., "I have a clear idea of what it means to be a good stepfather"). Cronbach's alphas were .85 for mothers and .82 for stepfathers. Construct validity was supported by the findings that the extent of clarity of the stepfather's role was positively related to mothers' family/marital/personal life satisfaction and stepfathers' parenting satisfaction.

Dysfunctional Beliefs Regarding Relationships

Two instruments have been developed that assess maladaptive assumptions and standards.

Relationship Beliefs Inventory (RBI). The RBI (Eidelson & Epstein, 1982) is a 6-point (0 = very false, 5 = very true), 40-item scale that measures potentially unrealistic beliefs that spouses hold about intimate relationships. Five subscales are included: (a) disagreement is destructive, (b) mind reading is expected, (c) partners cannot change, (d) sexual perfectionism, and (e) the sexes are different. Although Eidelson and Epstein reported that each subscale has Cronbach's alphas greater than .70, other studies have found that internal consistency values were greater for the "disagreement is destructive" and "mind reading is expected" subscales than for the other three scales (Bradbury & Fincham, 1993). However, alphas for the total score consistently exceeded .70. The total RBI score has been linked to observations of negative spousal behavior (Bradbury & Fincham, 1993), as well as to marital dissolution (Kurdek, 1993).

The major problem with the RBI is that it measures beliefs about relationships in general (i.e., standards), as well as beliefs about one's own particular relationship (i.e., assumptions; Bradbury & Fincham, 1993; Kurdek, 1992). This limitation of the RBI has led to a modified version that separately assesses relationship standards and relationship assumptions (Kurdek, 1992).

Family Beliefs Inventory (FBI). The FBI (Roehling & Robin, 1986) taps maladaptive family assumptions held by both parents and adolescents. Parents and adolescents respond to different forms of the instrument, with items rated by parents directed toward behaviors of their adolescent children, and those rated by adolescents geared toward behaviors of their parents. Items are divided into 10 categories: (a) who should youth's friends be, (b) how money is spent, (c) being nice to teen's friends, (d) spending time away from home, (e) using the telephone, (f) staying out past curfew, (g) cleaning one's room, (h) talking back to parents, (i) earning money away from home, and (j) helping out around the house.

Parental responses yield six scores: (a) ruination, the belief that adolescents will ruin their futures if given too much freedom; (b) obedience, the belief that parents deserve absolute respect and obedience; (c) perfectionism, the belief that teenage behavior should be flawless; (d) malicious intent, the belief that adolescents intentionally misbehave to hurt their parents; (e) self-blame, the belief that parents are to blame for their adolescents' undesirable behavior; and (f) approval, the belief that children must approve of their childrearing tactics.

There are four scores for adolescents: (a) ruination, the belief that parental rules and restrictions will ruin the teenage years; (b) unfairness, the belief that it is catastrophic when parents treat teenagers unfairly; (c) autonomy, the belief that parents should give adolescents complete freedom to make decisions concerning rules and responsibilities; and (d) approval, the belief that it is catastrophic if parents become angry with adolescents.

Roehling and Robin (1986) reported that internal consistency reliabilities on the subscales ranged from .46 to .84, although most exceeded .70. Validity was supported by the findings that distressed fathers reported more unreasonable beliefs concerning ruination, obedience, perfectionism, and malicious intent than did nondistressed fathers, and that distressed adolescents reported more unreasonable beliefs concerning ruination, unfairness, and autonomy than did nondistressed adolescents.

Future Directions in the Self-Report Assessment of Cognitions in Stepfamilies

As noted by Fincham and Bradbury (1992), theory and research on cognitions in close relationships has advanced more rapidly than has the development of sound measures. Thus, there is clearly a need to continue to refine the psychometric properties of existing measures. Of particular relevance for this chapter is the need to validate these measures on samples of stepfamily members. It cannot be assumed that measures that are valid for individuals in first marriages are valid for those in stepfamilies (Coleman & Ganong, 1990).

In addition to continued development of existing instruments, there is also the need for new measurement devices. In particular, new measures are needed in four areas. First, because there are already sound measures of attributions, there need to be new measures that assess expectations, standards, and assumptions. Second, there need to be instruments that assess constructs that are unique to the stepfamily experience, such as the nature of the stepparent role and attributions related to the stepfamily system. Third, there need to be new strategies to assess the cognitions of children. Finally, to complement the measures reviewed in this chapter that tap dysfunctional cognitions, there need to be instruments that assess adaptive cognitions that facilitate adjustment for members of stepfamilies.

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Family-of-Origin Experiences and Interpersonal Schema in Stepfamilies: Clinical Implications

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Both the clinical and research literatures on stepfamilies have focused on the assessment of proximal interpersonal events (e.g., interactions among family members after the divorce and subsequent remarriage), but given scant attention to distal interpersonal experiences occurring within the families of origin of adult stepfamily members. Classic theory (Freud, 1924/1962) and a body of empirical research (for a review, see Brewin, Andrews, & Gotlib, 1993) have suggested that childhood interpersonal experiences (direct interactions with parents, observations of marital and parent–sibling interactions) may be influential in the development of adult psychopathology. Despite this evidence, many established models of family and individual therapy do not prescribe the assessment of early family experience and its cognitive, affective, and behavioral sequelae (for an exception, see Framo, 1992).

One mechanism by which family-of-origin experiences may influence the current behaviors of adults is via the acquisition of interpersonal schema, or core beliefs and expectations, about the self and others in future relationships (e.g., Bowlby, 1980; Kernberg, 1976).

Few stepfamily scholars have articulated the clinical implications of discovering the dysfunctional interpersonal schema of adult stepfamily members. Consequently, this chapter has four overarching goals:

1. to describe briefly the theoretical and empirical support for linkages among negative childhood experiences, dysfunctional interpersonal schema, and maladaptive interpersonal behaviors;
2. to elucidate how the unique structural-process characteristics that distinguish stepfamilies from first-marriage families may increase the likelihood that dysfunctional schema will be activated;
3. to describe methods of assessing dysfunctional interpersonal schema;
4. and to outline potential therapeutic benefits of discovering negative schema and their childhood origins.

Theoretical and Empirical Foundations

According to both attachment theory (Ainsworth, 1969; Bowlby, 1980) and object relations theories (Fairbairn, 1952; Kernberg, 1976; Kohut, 1977), negative interpersonal experiences with parents during childhood (e.g., rejection and abandonment, overprotectiveness, authoritarian parenting) may result in the formation of dysfunctional interpersonal schema (core cognitions about the self and others in future interpersonal relations), which, in turn, may engender problems in the current relationships of adult family members. Findings of empirical research consistent with this assumption have come from several sources, including social psychological and developmental research on styles of adult attachment (Bartholomew & Horowitz, 1991; Collins & Read, 1990; Hazen & Shaver, 1987) and social cognition research focusing on the affective, motivational, and behavioral consequences of cognitions about interpersonal experience (Baldwin, 1992; Markus, 1977; Westen, 1991).

In a comprehensive review of the theoretical and empirical literature, Baldwin (1992) proposed that interpersonal schema have three interrelated components: (a) self-schema, or beliefs about the self in future interpersonal relationships (e.g., I am worthy of others' love vs. I am unworthy of others' love); (b) others schema, or beliefs about others in interpersonal relationships (e.g., Others are trustworthy and dependable vs. others are not trustworthy and dependable); and (c) interpersonal scripts, or beliefs about the specific behaviors, thoughts, and feelings of self and others in specific kinds of interpersonal situations (e.g., If I ask for what I want or express negative emotions, my partner will leave me).

Both attachment and object relations theorists suggest that persons may consciously or unconsciously distort current relationships consistent with dysfunctional schema, and thus recreate the negative interpersonal conditions of childhood. For example, a woman who perceives herself as having been rejected or abandoned by her father in childhood may develop the generalized belief that she is unworthy of love by men (self-schema), may harbor the expectation that all male romantic partners will be untrustworthy and rejecting (others schema), and may acquire the expectation that "If I become emotionally involved, I will be rejected" (interpersonal script). Moreover, these interpersonal schema will have motivational, affective, and interpersonal consequences. The woman who views men as rejecting may be motivated to avoid intimacy (due to fear of rejection), may experience frequent and intense negative affect (e.g., anxiety, sadness), and may engender rejection from potential romantic partners by behaving toward them in hostile and defensive ways.

Negative interpersonal schema tend to be stable over time and resistant to change (Safran & Segal, 1990; Young, 1990). The persistence of these schema may be due to at least three factors. First, people may selectively inattend to interpersonal information that disconfirms the schema (Safran & Segal, 1990). Research on social cognition has demonstrated that persons are biased to attend to and process schema-consistent information, and to ignore, and not assimilate, interpersonal data that are schema inconsistent (e.g., Markus, Crane, Bernstein, & Siladi, 1982; Markus, Smith, & Moreland, 1985). For example, the man who has acquired the negative self-schema "I am unworthy of others' love" may be especially attuned to any instance of his wife's distancing behavior, and may be especially likely to misinterpret his wife's independent behavior as a sign of rejection. Second, persons may engage in "cognitive-interpersonal cycles," in which the negative schema engender dysfunctional interpersonal behaviors that, in turn, yield the feared consequences that corroborate the schema (Wachtel & Wachtel, 1985). For example, the woman who, as a result of overprotective and authoritarian parenting, has acquired the self-schema "I am ineffectual and powerless without the guidance of others" may behave in anxious and inhibited ways when performing tasks independently, and thus fail at these tasks, hence confirming the negative schema. Third, people may avoid behaving in ways inconsistent with negative schema because counterschematic behavior is anxiety provoking and emotionally painful. Moreover, schema-consistent behavior provides a sense of predictability and security to interpersonal relationships (Safran & Segal, 1990; Young, 1990). The person who engages in clingy and dependent behavior with romantic partners due to negative self-schema may feel "safe" with this style of interaction because it was adaptive in relating to authoritarian and overcontrolling parents during childhood.

Social and developmental psychologists have recently extended the work of Ainsworth and her colleagues (Ainsworth, 1969; Ainsworth, Blehar, Waters, & Wall, 1978) on infant attachment to adult romantic relationships (Collins & Read, 1990; Hazen & Shaver, 1987). Overall, this research has suggested that adults' attachment styles correspond roughly to the prototypic patterns of secure and insecure attachment obtained with infants using Ainsworth's Strange Situation methodology (Bartholomew & Horowitz, 1991; Kobak & Hazen, 1991). Thus, "securely attached" adults have positive self-schema and others schema, are comfortable with emotional intimacy, and tend to be trusting of romantic partners. "Insecure-avoidant" adults have acquired a negative others schema (others are untrustworthy and undependable) due primarily to childhood experiences with neglectful and rejecting parents. These adults tend to be compulsively independent and avoid intimate relationships due to fear of rejection. "Insecure-preoccupied" adults have acquired a negative self-schema (I am unworthy of others' love) due to overcontrolling, intrusive, and critical parenting. They are excessively clingy and dependent, tend to be insecure and jealous, and often idealize romantic partners. "Insecure-disorganized" adults have acquired negative self-schema and others schema due to inconsistent and confusing relationships with parents (who were both overcontrolling and rejecting). In romantic relationships, these adults tend to alternate between the interpersonal styles of insecure-avoidant and insecure-preoccupied persons.

Interactions Between Interpersonal Schema and Structural-Process Characteristics of Stepfamilies

Although childhood-derived, interpersonal schema may affect the current interpersonal behaviors of adults in all family structures, we suggest that the unique structural-process characteristics of stepfamilies (those characteristics that distinguish them from first-marriage families) will increase both the probability and frequency of activation of dysfunctional interpersonal schema. Moreover, the behavioral and affective concomitants of these schema may exacerbate marital and (step)parent–(step)child problems and the adjustment difficulties of individual stepfamily members. We illustrate the nature of these interactions by focusing on four structural characteristics of stepfamilies formed after divorce. For each structural characteristic, we discuss how specific interpersonal schema may be activated, and how the interpersonal (and affective) consequences of these schema may have adverse effects on stepfamily functioning.

One structural difference is that new relationships coinciding with stepfamily formation may be more ambiguous than relationships in first-marriage families. Members of stepfamilies may need to interact with a new breed of kin (e.g., steprelationships, former spouses, former spouses of current marital partners), for which American society offers limited role prescriptions and minimal anticipatory socialization (Cherlin, 1978; Clingempeel, 1981). Although the ambiguity of these relationships probably increases the importance of effective communication and problem-solving skills, it also increases the likelihood that dysfunctional interpersonal schema will be activated. Research on social cognition has demonstrated that persons are more likely to interpret ambiguous interpersonal information (in comparison with unambiguous information) as consistent with extant interpersonal schema (Baldwin, 1992).

The stepmother who experienced frequent rejection by her biological father in childhood may be especially likely to misinterpret ambiguous interpersonal situations involving her husband (e.g., he has lunch with his ex-wife) and stepdaughter (e.g., she fails to give her a birthday card) as consistent with negative self-schema (I am unworthy of their love) and others schema (they are rejecting me). As a result, the stepmother may engage in maladaptive interpersonal behaviors (e.g., name calling, false accusations), with the concomitant negative emotions (e.g., intense anger, abandonment fears). Moreover, in a cognitive-interpersonal cycle, these interpersonal events may result in the prophesied withdrawal of spouse and stepchild, and thus corroborate the stepmother's negative schema.

A second structural difference between stepfamilies and first-marriage families is that stepfamilies are formed after a loss. In the majority of cases, the loss involves a breakup of a previous marital relationship. The divorce, along with prior relationship failures antecedent and consequent to the divorce, may interact with family-of-origin experiences to activate negative interpersonal schema.

For example, the woman whose father abandoned her after the divorce of her parents may generalize from the father–daughter relationship to relationships with all men, and thus may develop negative self-schema ("I am not a good partner for men") and/or others schema ("men are likely to reject me"). These schema might result in less discriminating choices of romantic partners (due to the perception that she is not worthy of more suitable partners) and may lead, once partners are chosen, to dysfunctional patterns of interpersonal behavior (e.g., excessively clingy and dependent, frequent self-denigrating comments, overreaction to instances of partners' independent behavior). Moreover, these behavior patterns may increase the probability of rejection by a romantic partner, thus corroborating the dysfunctional schema and completing the cognitive-interpersonal cycle.

A third structural difference is that, in the majority of stepfamilies, a former spouse and biological parent lives in another household. Because children and noncustodial parent are emotionally invested in continued contact with each other after a divorce, this usually translates into demands for former spouses to have contact with each other.

Adults who were "insecurely attached" in childhood and developed the negative self-schema "I am unworthy of others' love" and others schema "others are not trustworthy or responsive" may be especially threatened by the demands of the new stepfamily for more permeable boundaries between households of former spouses. Thus, they may be motivated to close ranks on the noncustodial parent and to recreate the less permeable boundaries of the first-marriage family—a strategy that may exacerbate children's adjustment problems.

The custodial mother who has developed childhood-derived, negative self-schema may be more likely to view her child's requests to spend more time with the noncustodial father as evidence of the child's rejection of her. If she also has acquired negative others schema, she may be more likely to perceive her ex-husband's requests to see the child more frequently as evidence that he is conspiring to take custody away from her. Moreover, these behaviors of her child and ex-husband are likely to be assimilated into existing schema with affective consequences (e.g., anxiety, depression), motivational consequences (e.g., the goal is to reduce anxiety by stopping her child from seeing the father), and interpersonal consequences (e.g., angrily telling her ex-husband why he cannot see his child).

A fourth structural difference is that parents in stepfamilies have a relationship with biological children of longer duration (and possible greater emotional closeness) than the relationship with the new spouse. Consequently, the new stepparent may feel like an outsider to a cohesive parent–child relationship. The custodial parent may tend to ally with child against the new spouse on childrearing issues, and frequent cross-generation alliances may exacerbate the stepparent's feelings of alienation.

The biological mother who experienced authoritarian, overprotective, and noncaring parenting in the family of origin may have developed negative interpersonal schema (e.g., I am an ineffectual person, I need to compensate with my child for the overly strict parenting I received), which make it difficult for her to set limits on the child and to establish appropriate boundaries around the husband–wife relationship (e.g., stop the child from knocking on the couple's bedroom door after 10:00 p.m.). Similarly, the stepfather who experienced parental rejection and nonfavorite status among siblings may be especially likely to overreact to any interpersonal situations in which his spouse appears to choose the child over him.

Strategies for Assessing Family-of-Origin Experiences and Interpersonal Schema

One strategy for identifying dysfunctional schema involves a clinical interview focusing on the client's developmental history. During the interview, adults are asked to describe childhood memories of their own relationships with parents and siblings, their parents' relationship with each other, and their parents' relationships with siblings. Frequent probes are used to elicit details of childhood memories and associated emotions. The following are examples of the types of questions that might be asked: What was your relationship with your mom/dad like when you were a child/adolescent? What was your mom's/dad's personality like? Could you describe any times when you felt rejected or unloved by your mom/dad? Do you remember any significant separations from your parents? What was your mom and dad's marriage like? How did your mom/dad treat your siblings differently than you? What kinds of things could you do to win your parents' approval?

In evaluating client responses, the clinician looks for specific types of negative childhood experiences theoretically and empirically linked to dysfunctional schema and maladaptive interpersonal behaviors. For example, overprotective and authoritarian parenting in childhood is associated with specific negative schema (e.g., I am ineffectual and powerless without the guidance of others; I am loveable only if I acquiesce to the needs of others) and a constellation of dependent behaviors (e.g., difficulty making independent decisions, overly conforming and submissive) in adulthood (Bornstein, 1992). In Table 9.1, we outline five types of negative family-of-origin experiences and their concomitant dysfunctional schema and maladaptive interpersonal behaviors.

If the developmental history indicates any of these negative childhood experiences, the clinician's line of inquiry may be guided by the theoretical associations in Table 9.1. For example, if a client describes parental abandonment and rejection in childhood, the clinician may ask about the extent to which the client fears rejection in current relationships, and how this fear manifests itself in interpersonal behaviors. The clinician might also present a hypothesis to the client regarding possible negative schema (e.g., I am unworthy of others' love, others will reject me), linking perceived rejection in childhood to dysfunctional interpersonal behaviors in adulthood (e.g., falsely accusing partner of betrayal, perpetually seeking reassurance regarding partner's commitment to relationship).

A second strategy for identifying dysfunctional schema involves the exploration of the client's thoughts associated with emotional overreactions to interpersonal events. Interpersonal situations triggering intense, excessive, or inappropriate affective reactions may indicate that core schema have been activated (Persons & Miranda, 1991). Asking the client to describe and elaborate on thoughts associated with emotional overreactions may be a first step in detecting core schema. The therapist also might use the "downward arrow technique" (Burns, 1980), which involves repeatedly asking the client what it would mean to him or her if a particular negative thought were true. An application of this approach with a stepmother who becomes tearful when pointing out that her stepdaughter is unaffectionate toward her is illustrated in the following excerpt from a therapy session:

Client: (Becoming tearful): Susan never hugs or kisses me when I come home from work.
Therapist: It looks like it upsets you that your stepdaughter does not show you affection. Can you tell me what you were thinking about as you became tearful just now?
Client: It worries and upsets me that she may not like me.
Therapist: What would it mean to you if she didn't like you?
Client: I would think she was rejecting me.
Therapist: What would it mean to you if she was rejecting you?
Client: If I can't get my stepdaughter to love me, it will ruin my relationship with my husband.

Table 9.1. Theoretical Associations Between Negative Family-of-Origin Experiences, Dysfunctional Interpersonal Schema, and Maladaptive Interpersonal Behaviors

Family-of-Origin Experience	Interpersonal Schema	Current Interpersonal Behaviors
1. Parental abandonment and rejection	I am unworthy of others' love; others will reject me	Falsely accuses partner of betrayal; perpetually seeks reassurance; self-denigrating talk; misinterprets interpersonal events as rejection
2. Overprotective parenting	I am ineffectual without the guidance and support of others; others will take care of me	Difficulty making independent decisions; continuous help-seeking; clingy, dependent behavior
3. Authoritarian parenting	I am worthwhile only if I acquiesce to demands of others; others will dominate and control me	Difficulty asserting own needs and wants; suppresses negative emotions; submits to unreasonable demands of others
4. Critical/perfectionist parenting	I am worthwhile only if I perform perfectly; others will reject me unless I am perfectly competent	Overly self-critical; high levels of performance anxiety; puts down self unless perfect; relationships suffer due to workaholism
5. Role reversal (child is expected to be caretaker to parents)	I am worthwhile only if I take care of others; others cannot function adequately unless I take care of them	Denies own needs to caretake others; seeks out people who become dependent on them; fails to develop own identity

Therapist: Suppose it does have a negative effect on your marriage. What would that mean to you?
Client: I would end up all alone. My husband will leave me.

This interchange suggests that the stepmother may have acquired a negative others schema (others will reject and abandon me) that may bias her toward ignoring schema-inconsistent events (e.g., stepdaughter frequently chooses to do things with her) and misinterpreting interpersonal situations as signs of rejection and abandonment. A developmental history revealed that the client's father ceased contact with her after her parent's divorce when she was 11 years old.

Monitoring of the vicissitudes of the therapist–client relationship is a third strategy that might provide data regarding negative schema (Safran, 1990; Safran & Segal, 1990). Therapists may need to be aware that clients with negative interpersonal schema may behave toward the therapist in ways corresponding to the prototypic patterns of insecure attachment (Liotti, 1991). Thus, insecure-preoccupied clients may become excessively clingy and dependent. Insecure-avoidant clients may become less trusting, more defensive, and even behave in hostile ways toward the therapist. Upon recognizing these patterns, the therapist may want to explore with the client the possible negative schema underlying these attachment styles, as well as the negative childhood experiences that may have produced the negative schema.

A fourth strategy for discovering childhood-derived, negative interpersonal schema involves the analysis of client resistance to the therapist's prescriptions (Robins & Hayes, 1993; Safran, 1990). Rather than conceptualizing resistance as a lack of motivation, constructivist-oriented therapists believe it reflects defensive processes designed to protect the stability of core schema (Neimeyer, 1993; Safran & Segal, 1990). The therapeutic prescription that a remarried couple practice expressing negative emotions appropriately is not likely to be followed if either spouse has acquired (during childhood, due to emotional detachment of parents) the schema "others will reject me if I express negative emotions." Thus, instead of confronting the resistance, the therapist may discover negative schema by exploring with the client the cognitions and emotions blocking the performance of therapist-prescribed tasks.

A fifth strategy involves the use of self-report questionnaires that require clients to rate the extent to which they harbor specific negative schema. Several questionnaires have been developed for this purpose (e.g., Burns, 1980; Young & Klosko, 1993). Young and Klosko developed a series of questionnaires designed to assess client adherence to 11 different types of negative schema. Questionnaires designed to assess insecure attachment in adulthood are also available (e.g., Bartholomew & Horowitz, 1991; Collins & Read, 1990) and may be clinically useful. Using Hazan and Shaver's (1987) descriptions of prototypic attachment styles, we have found that client's self-classifications often corroborate hypotheses about interpersonal schema derived from other assessment strategies. One potential problem with using self-report methodology is that, in some cases, clients may be unaware of core schema that are operating unconsciously or obscured by defensive processes (Westen, 1991).

Although negative interpersonal schema may be identified by assessing the interdependencies of current behaviors, emotions, and cognitions, we believe it is essential that the clinician also conduct a developmental history in order to determine possible childhood origins of negative schema. The clients' recognition that current maladaptive interpersonal behaviors and the schema that trigger them are due to negative experiences in childhood may lead to an attenuation of self-blame attributions and to increased optimism regarding prospects for change. Therapeutic benefits of the client obtaining insight into the developmental origins of negative schema are discussed in greater detail in the final section of this chapter.

Therapeutic Benefits of Assessing Family-of-Origin Experiences and Interpersonal Schema

Assessment of the family-of-origin experiences and concomitant interpersonal schema of stepfamily adults may yield therapeutic benefits in at least two areas. We briefly describe these areas, and then we illustrate them with a clinical example.

First, assessment of family-of-origin experiences and concomitant interpersonal schema of stepfamily adults may enable clinicians to determine more efficiently the appropriate level of analysis for their interventions. Although it is well established that faulty cognitions may be associated with disturbances of both affect and interpersonal behavior (for a review, see Robins & Hayes, 1993), interpersonal theory and empirical research have suggested that cognitions are hierarchically organized, and that some cognitions have more important implications for psychopathology than others (Safran, Vallis, Segal, & Shaw, 1986; Westen, 1991). For example, Safran and colleagues (Safran, 1990; Safran et al., 1986) have proposed that interpersonal schema may be superordinate or core cognitions, from which a diverse array of subordinate or peripheral cognitions are derived. They also contend that superordinate cognitions affect interpersonal behaviors and emotions across a much wider range of situations than do peripheral cognitions. Thus, cognitive interventions that target subordinate cognitions may yield only short-term or situation-specific changes because the superordinate interpersonal schema driving them are left intact. Similarly, behavioral and systemic interventions that focus on modifying dysfunctional family alliances and communication patterns without addressing possible negative schema underlying them may have limited benefits.

Second, family-of-origin assessments may provide stepfamily adults with insight into how they and current spouses are distorting current interpersonal situations based on interpersonal schema derived from negative childhood experiences. This insight may help stepfamily adults to develop more positive attributions regarding their own behavior and the behavior of significant others, and may lead ultimately to changes in dysfunctional interpersonal schema. A stepfather may be less upset that his wife often fails to discipline her biological children if he understands that the difficulty stems from experiences in her own childhood, rather than a lack of love or support for him. Likewise, the wife's awareness that her permissiveness (and related anxieties regarding discipline) were not "chosen" by her, but were derived from a need to compensate for her own experience with harsh parenting as a child may be a first step in altering dysfunctional interpersonal schema (e.g., If I discipline my child, I am in danger of becoming abusive like my biological father was).

The first author's work with a stepfamily in which the wife's distrust of her husband was the major clinical issue illustrates these two benefits. In this stepfamily, the wife interpreted almost all contact between her husband and his ex-wife and noncustodial children as evidence that he would leave her and reunite with his ex-wife. Accompanying these cognitions, she engaged in problematic communication problems (e.g., false accusations, continuous demands for reassurance that her husband loved her) that often triggered withdrawal and/or counterattacks from her spouse. She also expected her husband to know her feelings and needs without her having to tell him; and when he failed in this regard, she often would respond with angry accusations.

Cognitive therapy (Beck, 1976; Beck, Rush, Shaw, & Emery, 1979) focusing on identifying and challenging situation-specific, peripheral cognitions (e.g., husband's failure to call indicates that he is visiting with his ex-wife) was not successful. Homework assignments (e.g., recording automatic thoughts, generating contradictory evidence for each thought) were often not completed, and dysfunctional cognitions that were modified in some situations emerged in others or reappeared over time in the same situations. Similarly, communication skills training that focused on expressing negative emotions appropriately (e.g., I feel angry when you…) and expressing needs directly (e.g., I would like you to spend more time with me) did not produce changes that generalized beyond the therapy sessions.

Assessment of the wife's family-of-origin experiences and associated interpersonal schema provided insight into the limited success of these interventions. She experienced the divorce of her parents at age 8 and the subsequent abandonment by her biological father (he discontinued contact with her for over 15 years). Throughout her childhood and adolescent years, she lived alone with her mother, whom she described as overprotective, authoritarian, and highly critical of her. At 18 years of age, she married her first romantic partner in order to escape from what she characterized as "an oppressive home environment." This marriage ended after 3 years, due primarily to her first husband's physically abusive behavior. As a result of these negative childhood experiences, she developed negative self-schema (I am unworthy of others' love), others schema (others will abandon me), and interpersonal scripts (e.g., If I want to be loved by others, I must acquiesce to their needs; If I ask for what I want, my partner will abandon me).

Thus, both the cognitive and communication skills approaches may have had limited therapeutic effects because they did not address the superordinate interpersonal schema. Altering the situation-specific, peripheral cognitions (e.g., my husband is late, and thus he must be talking to his ex-wife) may not have an impact on overarching self-schema (I am unworthy of others' love) or others schema (others will reject me). Similarly, assertiveness training aimed at encouraging this client to express needs directly may have been unsuccessful because it conflicted with the interpersonal scripts probably acquired as a result of authoritarian and overprotective parenting (e.g., If I ask for what I want or express negative emotions, I may be rejected and abandoned).

Pointing out to both spouses the linkages between the wife's family-of-origin experiences, the core interpersonal schema derived from these experiences, and her current overreactions to her husband's behavior proved to be beneficial in the treatment of this couple. The wife's insight that she was distorting her current marital relationship based on interpersonal schema derived from childhood was a first step in altering these schema. This insight provided her with an overarching conceptual framework for understanding her overreactions to a wide range of interpersonal situations. Similarly, the husband's recognition that his wife's behaviors were due to family-of-origin experiences and modifiable schema, rather than evil motives or inherent personality flaws, resulted in greater empathy toward his spouse and less frequent dysfunctional responses (e.g., withdrawal, counterattacks) to his wife's accusatory comments. Thus, both spouses were trained to recognize and alter cognitive-interpersonal cycles in which interpersonal schema (my husband will abandon me) led to interpersonal behaviors (e.g., false accusations, repeated requests for reassurance), which, in turn, evoked responses from her husband (withdrawal and distancing) that reinforced the schema (you see, I am being rejected) and intensified the problematic interpersonal behaviors. Treatment of this couple also included three family-of-origin sessions (Framo, 1992) involving the wife and her mother. Interestingly, this client's anger and resentment toward her mother abated when she became aware of her mother's similar negative experiences in her own family of origin.

Summary

Consistent with object relations and attachment theory, we have proposed that childhood experiences occurring within the families of origin of adult stepfamily members may engender dysfunctional interpersonal schema (beliefs and expectations about the self in future relationships) that may have adverse effects on current stepfamily functioning. Moreover, structural characteristics that distinguish stepfamilies from first-marriage families (e.g., formed after loss, biological parent lives in another household) may increase the likelihood that these dysfunctional interpersonal schema will be activated.

Five assessment strategies that may detect childhood-derived, negative interpersonal schema include: (a) conducting a developmental history focusing on potential negative childhood experiences (e.g., parental abandonment, overprotective parenting) theoretically linked to negative schema, (b) assessing client cognitions associated with intense or inappropriate emotional reactions to specific interpersonal events, (c) monitoring the therapist–client relationship to determine the extent to which the client's interpersonal behavior toward the therapist coincides with the prototypic patterns of insecure attachment, (d) analyzing client resistance by exploring with the client the cognitions and emotions blocking the performance of therapist-prescribed tasks, and (e) using self-report questionnaires requiring clients to rate the extent to which they have acquired specific types of negative schema.

The assessment of negative interpersonal schema and their developmental origins may yield at least two therapeutic benefits. First, it may facilitate the targeting of interventions at the appropriate level of analysis. Therapeutic strategies that focus on changing peripheral faulty cognitions, problematic communication patterns, and maladaptive family alliances without addressing the interpersonal schema underlying them may have less than optimal therapeutic benefits. Second, providing clients with insight into how they and their current spouses distort current relationships based on childhood-derived, interpersonal schema may help them to develop more positive attributions regarding the current behaviors of themselves and their partners.

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10

Success or Sabotage: Which Self-Fulfilling Prophecy Will the Stepfamily Create?

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> *If you think you can do a thing,*
> *or think you can't do a thing;*
> *you're right!*
>
> —Henry Ford

Creating a successful remarriage is neither simple nor swift. It involves a predictable process (Papernow, 1984, 1993; Whiteside, 1982) that takes time and a commitment to face the inherent challenges this complex family holds. The belief that it can be done is essential.

Those involved in stepfamily living and single parents considering remarriage would be wise to heed Henry Ford's admonition that what we think about we become. His belief aligns with the philosophy of today's constructivists, who believe that we have the ability to create our own lives.

From my experience, personally and professionally, I believe this "invented reality" can greatly affect the destiny of a new stepfamily. Whichever attitudes, beliefs, and experiences people bring to remarriage—conscious or unconscious, negative or positive—these strong leanings contribute toward creating the stepfamily's future. These internal components become the grist from which self-fulfilling prophecies (SFP) are constructed in the minds of family members.

These days, creating a positive marriage is challenging. In America, about 50% of first marriages end in divorce; the divorce rate for remarriages is over 60% (Glick & Lin, 1986). Many factors create inherent challenges for this complex family system. The structure of the stepfamily differs from the traditional family (Visher & Visher, 1979, 1988), and when people remarry unaware of these important differences, they may be setting themselves up for a problem-focused journey. Although the process of developing a stepfamily takes from 4 to 7 years to reach the final integrative stages (Papernow 1984), many remarriages end within the first 3–5 years, indicating a lack of information and support. Even when stepfamilies become stuck in the process, many fail to use the crises they encounter as opportunities to create change that will mobilize the family to move through the rest of the process.

Roles and identity issues create confusion (Dainton, 1993; Visher & Visher, 1979). Boundary ambiguity and diverse perceptions of membership, which keep stepfamily members wondering "who's in and who's out," may create bonding challenges (Pasley & Ihinger-Tallman, 1989). The concept of boundary ambiguity refers to the uncertainty of family members as to their perception about who is in or out of the family, and who is performing what roles and tasks within the family system (Boss & Greenberg, 1984). Cultural stereotypes pervade thinking processes and contribute to beliefs that affect expectations (Wald, 1981). Likewise, many myths abound (Visher & Visher, 1979) that perpetuate negative thinking and misperceptions about stepfamily living.

All of these diverse issues affect stepfamily stability and have been correlated as contributors to the reality of the high remarriage divorce rate. Still another unexamined connection involves the negative self-fulfilling prophecies that develop within the minds of family members. If not reversed, these powerful predictors may lead the stepfamily into dissolution.

For the purpose of this chapter, I rely on a constructivist definition of an SFP, which also parallels the literature on this phenomenon. A self-fulfilling prophecy is an assumption or prediction that, purely as a result of having been made, causes the expected or predicted event to occur and thus confirms its own accuracy (Watzlawick, 1984).

Beliefs As Significant Beginnings

As reflected in diverse historical events, SFPs have the power to precipitate many circumstances. During the 1930s, hundreds of banks were forced to close because depositors feared that these financial institutions were insolvent. Such anxious beliefs caused many to hastily withdraw funds and create the very collapse they feared. Likewise, in response to media reports of a gasoline shortage during the 1970s, thousands of Californians left their homes at predawn to wait in gas lines. Although their panic behavior actually intensified the crisis, their conduct was rooted in the belief that there was a shortage. Today, research shows that children from disadvantaged backgrounds, or children of divorce, may lag in school because teachers believe they should expect less of them. These diverse events reflect the power of the self-fulfilling prophecy—one person's unfounded belief that somehow comes to be realized.

A similar situation occurs in stepfamilies and undermines fragile new remarriages. One or more family members hold certain beliefs about stepfamily living. In addition, they may also have had experiences that shore up that belief that eventually promotes an expectation. Whether realistic or unrealistic, the expectation then becomes the basis for behaviors and interactions between stepchildren and stepparents, between spouses, and between siblings and stepsiblings. The destiny of these interpersonal relationships gets played out from either the negative or positive underlying expectation that is at work.

Expectations

Expectations reflect how we organize the future. Rooted in beliefs and desires waiting to happen, expectations can indeed become self-fulfilling prophecies. A significant factor in an SFP is the present belief one holds about an event in the future. When conviction is absent, the effect will be absent as well (Watzlawick, 1984). The challenge for remarried couples lies in exploring how beliefs are determined, and how individual desires can be met to fit those of other stepfamily members. When expectations remain unaligned with reality, they set up disappointment, which breeds negative feelings, defensive behaviors, and denial—all contributing to the making of an SFP in the stepfamily.

Expectations feed on themselves and seek their own reinforcement. Some are connected to misperceptions or myths, whereas others are reflected by past relationship experience or rooted in family-of-origin learning. For example, if a new stepfather had an abusive or difficult relationship with his own father or stepfather, from the start his perception about his role is biased. Negative experiences taught him to expect difficulty, and, unconsciously, he will either recreate it or try to avoid it. Responding to his own unresolved feelings, he may assume that his stepchild will fear or resent him, and this expectation might cause him to behave in a certain way with the child. People's expectations of negative behavior might lead them toward perceiving even idiosyncratic occurrences in a negative way (Coleman & Ganong, 1987). This new stepfather may become overly responsive to the child's needs, or be reluctant to get close. Whichever way he plays it out, the behavior was rooted in his beliefs and experiences that set up an expectation that will determine certain dynamics in the stepfather–stepchild relationship.

Connecting Expectations and Behavior

Expectations influence individual behavior and the behavior of intimate others. Perceptions and beliefs precede expectations (Watzlawick, 1984). How one perceives an event actually causes it to happen, and self-fulfilling prophecies are one way that humans construct a reality. The success or failure of the vulnerable new stepfamily often is spun in a cocoon of unconscious control by one or more family members—like this stepfather, whose beliefs and ultimate behavior may influence the entire system.

One of the more poplar theories about the underlying mechanisms of expectations is the interaction quality hypothesis (Insel & Jacobson, 1975). This view suggests that one varies the quality of a relationship depending on high or low expectations. A high expectation leads to a relationship that is positive, is supportive, and provides frequent reinforcement. A low expectation tends to develop a negative, restrictive, and cool relationship—much like the new stepfather recalled. Unconsciously, poor childhood experiences can contribute to stepparents holding a low expectation of the relationship with their own stepchildren. The unconscious re-creation of this experience could be avoided if the person were to first work through the past that contributed to this expectation, and then determine if this expectation is realistic in the current context. Otherwise, it is bound to be re-created.

The relationship, based on reciprocity, can become cooperative or retaliatory. A stepparent will initiate more positive interactions with stepchildren whom they perceive as special and responsive.

Such notions about the child may come from the adult's internal feeling about his own ability to be an effective stepparent. This is why it is often easier for adults to assume the role of stepparent when they have already been a biological parent. With an experience of parenting, they are better able to understand developmental issues or can empathize with the children's confusing behavior. If they have been an effective parent with their own children already, adults may feel competent and confident in this role, and thus choose their role as a stepparent with care.

Stepparents might also develop negative or positive ideas abut stepchildren by observing how their partner relates to his or her children. The process that becomes retaliatory starts early in the development of the stepfamily. Stepparents who perceive their stepchildren to be the source of problems might respond to the normal transition stresses to stepfamily living by blaming the children, rather than understanding their acting out to be part of their grief and bewilderment. When an adult perceives his or her partner is having troubles with his or her own children, that interaction merely confirms what the stepparent believed all along. When the negative expectation affects behavior, the seed is planted for creating an SFP with a problematic outcome.

The same dynamic occurs for stepchildren. Notions about how stepparents will behave might come from sources such as fairy tales or the media. A child acquainted with Cinderella (the stepchild everyone knows) might expect similar treatment from her stepmother. As a protection from this negative image of a caregiver, the child might withdraw from, or feel fearful of, a new stepparent. In such an environment, bonds do not get created easily. In turn, this perceived rejection might cause an unaware or immature stepparent to respond negatively or in some retaliatory way. Children might also believe that being a stepfamily means they will function like "The Brady Bunch," and thus expect syrupy and seemingly perfect relationships, with all difficulties to be solved within 50 minutes. Whether negative or unrealistic, neither expectation about stepparent models reflects reality and can contribute toward setting up a negative SFP.

The Discipline Dilemma

Dealing with discipline in the stepfamily presents another common possibility for constructing an SFP. Diverse parenting styles create stress in all families; for stepfamilies in which adults do not function as an effective executive team, providing some sort of united front to the children, confusion and chaos around discipline often move to crisis.

In first families, the most serious problems revolve around the issues of sex, money, and children; in stepfamilies, the central issue involves dealing with discipline. Many stepparents, especially those who have not yet become biological parents, hold unrealistic expectations around how children behave. Some common ones are these: "Discipline won't be a problem," "My role is to be the disciplinarian," or "Because I had good relationships with the children before remarriage, it will continue that way." But as stepchildren act out their feelings of loss and confusion during the early developmental stages of the stepfamily journey, problems do arise.

Eager to develop a role in the family, some stepparents attempt to discipline too soon. As couples argue about rules, responsibilities, and discipline styles, angry feelings arise among family members. Fearful and insecure about their fragile new role, unaware stepparents may perceive the children as the problem. Feeling unheard and disrespected, stepparents who do not understand what is happening for the children—as they try to adjust—may respond defensively. This behavior intensifies an already challenging situation and provides fertile ground for an SFP to develop.

The process starts with perceptions and beliefs such as "Discipline is a problem," "Discipline is my job," "I can fix his or her kids," or "My way is right/better." When adults disagree on how to discipline, the situation intensifies, especially as their beliefs feed the expectation that the children are indeed the problem. Resulting behaviors might include rebellious children, defensive stepparents, biological parents defending their own children, triangles, and loyalty conflicts. As the couple comes to function from two armed camps, ultimately the marriage breaks down. Such continued and unresolved stresses could create an SFP around discipline, leaving the adults shaking their heads and saying, "The kids broke us up."

Although they play a part in this cycle, in reality the children are not responsible for the ended remarriage. Children respond to the confusion of this new family configuration by testing limits, seeking security, and trying to gain a sense of belonging in a new and unstable stepfamily situation. Without an intervention, either within the family or by a clinician, the breakup comes about as the SFP surrounding discipline and the children plays itself out.

In the case of the stepfather with a negative history, unconsciously, he might have added power to a potential SFP by interpreting his authoritarian style of discipline as the "right" way. He may have defined his wife's more democratic style as the "wrong" way, ineffective, or an effort to sabotage him from becoming a part of the family. Then when he withdraws, distances, or alienates himself from the children as a defense to his feeling like an outsider, he validates his wife's worst fears: "He doesn't like my children." Her instinctive behavior to defend her children is rooted in the belief that something is wrong and maybe the remarriage will not work. If the couple avoids talking about their feelings or seeking help during these challenging times, this negative situation might become an SFP that could sabotage the stepfamily.

The sad reality is that most of this process takes place internally within the minds of stepfamily members, and thus is often based on imprecise recollections of experience or imagined fears. Although talking about what is happening is essential to keep the SFP from fulfilling itself, many people in new stepfamilies cannot do this. Worse, many deny they have problems (Einstein, 1987).

What We Resist Persists

Expectations that trigger SFPs for adults can arise from emotional leftovers and continued hostilities from former relationships. Unresolved intrapsychic issues from families of origin may also fuel belief systems. For example, if a remarried woman's history includes the loss of her own father—physically or emotionally—and a marriage to a man who also left her, this set of experiences surrounding loss and trust will quite likely affect her expectation about remarriage success. What we resist persists. Although her conscious desire is to avoid being left, until she works through her abandonment fears underlying her belief, inevitably, unconsciously, she will re-create that all too familiar scenario. She must find a way to understand and give meaning to the abandonment fears that influence her belief system.

Unresolved family-of-origin issues are one challenge, as are loyalties and ties from former relationships. In this woman's first marriage, she had children to whom she feels loyal and responsible. Because this strong biological bond with her own children predates the couple's marital bond (Visher & Visher, 1979), rather than making the marriage relationship the priority, often strong loyalties and bonding might lead her to protect and defend her children. Feeling anxious about the children's security, and already harboring guilt about the divorce that altered their lives, it is common for remarried parents to focus on relationships with their biological children to the detriment of the couple bond.

Building the marriage while maintaining strong relationships with children becomes a tricky balancing act. If the newly remarried woman had been a long-time single parent, she may err by not loosening the parental boundaries to include her husband. If she does not, he may interpret her reluctant behavior as a perception of him as incompetent, and thus he will feel rejected. Aware that one of his first tasks is to develop his role as stepfather, but feeling like an outsider, he may back off or withdraw completely. This behavior creates its own negative SFP.

An Imprecise Unconscious Mind

The unconscious mind is not precise. The right-brain aspect of the mind responds to images and feelings, and cannot tell the difference between an imagined and a real experience (Jones, 1977). As it recognizes vagaries and familiar forms, those flickerings trigger primitive fears and feelings. As adults divorce wisely and take time to prepare for remarriage by reconciling their pasts and correcting unfounded beliefs and misperceptions, the more possibilities exist for positive outcomes. Besides influencing interpretation and setting up expectations, beliefs also affect what one feels and wants at the time. Because thoughts are subjective, interpretations do not always reflect reality or the "way things are." Rather, they represent the way one puts the world together—the way one makes sense out of data. When the stepfather/husband interpreted his wife's protectiveness of her children and different parenting style as rejection, he felt like an outsider and withdrew. Although withdrawal reflected a natural defense, a cycle was started. His withdrawal triggered her abandonment fears. As she worried that he might leave, her expectation led to fearful behaviors that further fueled the SFP. When past experiences connect with expectations that do not get verbalized, reactive and negative behaviors hasten the fulfillment of the SFP. Ultimately, the reality she creates is exactly what she hopes to avoid. He leaves.

The Transformation Piece

Beliefs are powerful. They set parameters for what family members think they can make happen and what they want—individually or collectively. Beliefs expand expectations beyond what is normal, or what past experience suggests is possible. In order to produce SFPs with positive outcomes, stepfamily members must reexamine beliefs and assess how those beliefs contribute to forming expectations.

Because I believe that people construct their belief systems about themselves and how their lives will go, it is essential for single parents, and those already involved in stepfamily living, to focus on the possibilities—to assess their strengths. Becoming aware of potential trouble spots is important, of course, but by accenting what already works and focusing on what is possible, adults and children have a headstart on forming positive SFPs to strengthen their stepfamily.

The main clinical intervention that can help transform the stepfamily's negative SFPs lies in preventive education. Therapists can make a difference—especially with single parents considering remarriage—by helping them examine experiences, beliefs, and expectations. This complex process begins by resolving former relationships, taking time to heal, gathering information, and clarifying expectations (Einstein & Albert, 1986). When remarrying adults address these tasks, they have the foundation from which to create more positive images and beliefs in the secret workshops of their minds.

Although appropriate clinical guidance depends on where an individual is in the separation, divorce, and remarriage processes, a successful ending of a prior relationship is the best insurance adults can bring to remarriage. A successful stepfamily, like any family, depends on two healthy, healed adults providing a strong spousal and parental system.

When therapists work with those already involved in stepfamily living who have not taken the time to do this, the challenges often are greater. Treatment plans must include helping the stepfamily construct a new reality at a time when crisis may be viewed as failure, rather than as an opportunity for change and growth. Sometimes two developmental processes must be attended to simultaneously—the divorce process and the remarriage process. If adults have not resolved their former relationships or spent time rebuilding themselves, poor self-esteem and unexplored defense mechanisms might feed into negative prophecy making. Often these emotional leftovers get confused with stepfamily issues.

One of the most important first tasks in working with stepfamilies is to differentiate normal feelings created by this new structure from feelings rooted elsewhere (Papernow, 1992). This involves constantly separating and interweaving psychodynamic issues and stepfamily issues.

Teaching single parents and stepfamilies to trust and understand the remarriage process is an essential part of influencing their existing belief systems. Once aware of the normal developmental phases (i.e., they are not alone with this challenge), stepfamilies can more easily stabilize and strive toward success—even as they struggle with stressful adjustments.

Some therapeutic tools for working with stepfamilies come from the constructivist toolbox: reframing expectations, creating new possibilities with accurate information, affirming, and goal setting. Because the basis of an SFP begins with the beliefs that one holds, therapists can help clients explore limiting operating principles within individual belief systems that might sabotage stepfamily success.

What family rules got them where they are today? What patterns are being repeated? What keeps them stuck? Few people take the time for this self-exploration before remarriage, and many repeat their choices in mate selection and, later, in behavior patterns. People like to think they have learned lessons and a new partner will make the difference. The high remarriage divorce rate (Glick & Lin, 1986) reflects that reality, as, for too many, the remarriage dance repeats the past—becoming merely a first-order change.

Creating a positive outlook is especially important as the stepfamily struggles through its early developmental stages. Teaching family members how to visualize a generally happy outcome and positive relationships within the stepfamily establishes fresh mind pictures that allow for new possibilities. It is these possibilities that prevent negative SFPs from forming.

Adding affirmations to their repertoire further provides ways to form positive prophecies. A stepmother who declares "I am an effective stepparent" creates an internal state far different from one who expects her role to be difficult and unrewarding. Functioning from this place of positive thinking and affirmation, she will behave differently. A stepchild who believes "My stepfather really cares about me" or "I have permission to like my new stepfather" will respond more enthusiastically to attempts to build bonds than a defensive stepchild who fears and expects fairytale stereotypes to be fulfilled.

Teaching clients the need to set stepfamily goals and create new traditions helps them begin to get what they want. As they establish traditions unique to their individual stepfamily, letting go of the sadness around not having things as they were becomes easier. Acceptance comes. Rather than anticipating holidays as disappointing, they can be viewed as different—and downright fun.

As they become their own positive prophets, stepfamily members learn that they need the same things—cohesion, flexibility, commitment, and communication—that all successful families require. Small steps and quiet victories begin to establish a pattern that predicts success. Like the little train who chugged up the hill saying "I think I can, I think I can...," stepfamily members soon begin to believe they can master their own destinies to reach success. And when they think they can, they are right!

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